



North Riding of Yorkshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1952



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PREFACE.

To the Members of the North Riding of Yorkshire County Council.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I submit my annual report as County Medical Officer for the year 1952.

SURVEY OF HEALTH SERVICES.

In accordance with Ministry of Health Circular 29/52 a survey of the health services of the local health authority provided under the National Health Service Acts was prepared and presented to the Health Committee early in March, 1953. The points made in that survey have been incorporated in the text of this report under the various appropriate headings with one exception. In the introduction to the survey, I commented on the very serious position existing in the Riding in the matter of the accommodation for persons who are chronically ill. The County Council as poor law authority had decided before 1939 to build an additional block at Guisborough so as to provide a total of nearly 200 beds for chronic sick in the Cleveland area. Since the appointed day the accommodation in the existing hospital has been upgraded and fewer persons are housed in the wards of the former public assistance institution. Unfortunately, the new block on which work was suspended about 1942 because of shortages of steel is not yet completed and accordingly there is a shortage of some 115 beds for chronic sick persons in the Cleveland area. This shortage has its repercussions on general practice, on other hospitals and their accommodation, and on the admissions to the welfare homes of the County Council. In order to obtain admission to some institution for old people, reports are frequently made by doctors that a certain individual only requires care and attention ; on admission however many prove to be patients who should properly be admitted to wards for chronic sick persons in a general or special hospital.

VITAL STATISTICS.

In 1952 the infantile mortality rate for the administrative Riding was the lowest recorded, being 24·3 for the aggregated urban districts and 26·9 for the County as a whole ; the corresponding figure for England and Wales was 27·6.

It will be noticed that deaths of persons normally resident in the Riding attributed to cancer have now reached the figure of 700 ; this should not be regarded as inevitable in spite of the fact that there is an ageing population. Without any special emphasis on cancer education during the current year under review, the nursing staff of the County Council when discussing general health matters, have emphasised that patients who think they may be suffering from a malignant condition should not hesitate to see their doctor as soon as possible. There are clearly many factors which influence the rapidity of growth in any one individual case but it is not unreasonable to say that no good purpose is served by postponing opportunities for early diagnosis.

It will be noticed that seven cases of diphtheria were notified during the year under review. These arose in a district where, because of the absence of any cases of this disease for a number of years, the parents had rather lost interest in preventive measures. Fortunately there were no deaths and the incidence of cases gave medical men and the nursing staff an opportunity to point the moral. As a result the level of immunisation in that district is now as high as in most rural areas.

AMBULANCE SERVICE.

The increasing demands on the ambulance service are continuing but every opportunity is taken of raising with officers of hospitals the re-arrangement of journeys so that, particularly in the case of the hospitals at Leeds and Newcastle, journeys are co-ordinated. On every occasion when it appears that physiotherapy is being given to a patient at a very considerable distance from home, a letter is written to the hospital concerned in order to arrange, if possible, for the treatment to be given at a local hospital. Another cost-factor in the ambulance service is the very long waiting times when ambulances are immobilised at hospitals, possibly because patients have to have a number of investigations or because the staff of the hospital do not appreciate that certain patients come from a considerable distance. In some hospitals priorities have been arranged for long-distance patients so that ambulances can return to their bases with reasonable speed.

In conclusion, I would like to express to the Chairman and members of the Health Committee, to my colleagues in the local government service, and to the staff of my own department, my sincere thanks for their valuable assistance during the year under review.

I am, Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

J. A. FRASER,
County Medical Officer.

County Hall,
Northallerton,
December, 1953.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1952.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT (at 31/12/52).

County Medical Officer of Health	..	J. A. Fraser, M.B., CH.B., D.P.H.
Deputy County Medical Officer of Health	..	A. D. C. S. Cameron, M.B., CH.B., D.P.H.
Medical Officer for Maternity and Child Welfare	}	Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Assistant Medical Officer—Mobile Maternity & Child Welfare Unit	}	Margaret C. Barnet, M.B., CH.B.
Chief Dental Officer	.. ..	.. S. Craven, L.D.S.
District Medical Officers of Health	..	See Table on pages 7 and 8.
Superintendent Nursing Officer	..	Gertrude F. Berridge, S.R.N., S.C.M., (retired 21/1/53) H.V.CERT.
Deputy Superintendent Nursing Officer	..	Frances S. Leader, S.R.N., S.C.M., H.V.CERT. (Succeeded Miss Berridge 22/1/53).
Chief County Health Inspector	..	G. D. Aspin, C.S.I.B., A.F.S.(E).
County Health Inspector	..	.. G. Collinson, M.R.S.I., D.P.A.
do	.. ..	.. R. Wharin, M.S.I.A.
Chief Clerk	.. ..	.. H. A. Roebuck, D.P.A.
County Ambulance Officer	..	.. J. Bedford, A.M.I.M.I.
Senior Sectional Clerks	..	.. T. A. Hutchinson Margaret Blair, D.P.A. A. R. Elliott W. E. Lloyd C. Rutherford (acting)

Area	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Thornaby	Thornaby Borough Stokesley R.D. ..	J. W. A. Rodgers, M.B., CH.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees.	J. W. A. Rodgers.
Eston ..	Eston U.D. ..	J. A. Dunlop, M.B. CH.B., D.P.H., Area Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar ..	Redcar Borough Saltburn & Marske U.D.	H. Pattinson, M.B., CH.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar.	H. Pattinson.
Guis- borough	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Area Health Office, Brotton.	W. H. Butcher.
Whitby ..	Whitby U.D. .. Whitby R.D. ..	B. Schroeder, M.B., CH.B. D.P.H. Area Health Office, Grape Lane, Whitby.	B. Schroeder.
Ryedale ..	Malton U.D. Malton R.D. Pickering U.D. .. Pickering R.D. .. Helmsley R.D. .. Kirbymoorside R.D.	W. R. M. Couper, M.B., CH.B., D.P.H., Area Health Office, Hungate, Pickering	W. R. M. Couper *T. Walsh Tetley, M.R.C.S. Hobground, Great Barugh, Malton, Yorks.
Bulmer ..	Easingwold R.D. Flaxton R.D. .. Thirsk R.D. .. Wath R.D. ..	H. Gray, M.D., CH.B., D.P.H. Area Health Office, Manor Road, Easingwold	H. Gray *W. G. MacArthur, M.B., Sowerby Grange, Thirsk *T. Carter Mitchell, M.R.C.S., Topcliffe, Thirsk

Area	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Wensley- dale	Northallerton U.D.	W. Sharpe, M.B., CH.B., D.P.H., Area Health Office, Leyburn	*A. E. Milne, M.B., May- ford House, Northaller- ton. W. Sharpe
	Northallerton R.D.		
	Aysgarth R.D. ..		
	Leyburn R.D. ..		
	Bedale R.D. ..		
Richmond	Masham R.D. ..	F. W. Gavin, M.D., CH.B., D.P.H., Corporation Offices, Richmond	*A. W. Hansell, M.B., Woodrow, Bedale *G. R. Dodds, M.B., Bank Villa, Masham
	Richmond Borough		F. W. Gavin
	Richmond R.D.		
	Croft R.D. ..		
	Startforth R.D. ..		
Scar- borough	Reeth R.D. ..	†J. Stokoe, M.D., B.S., B.HY., D.P.H., Area Health Office, King Street, Scarborough	*W. C. Speirs, M.B., Langhorne House, Reeth, Richmond
	Scarborough ..		J. Stokoe (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., CH.B., D.P.H., Deputy M.O.H., Borough of Scarborough
	Borough		
	Scalby U.D. ..		
	Scarborough ..		
	R.D.		

* The above officers were not debarred by their terms of appointment from private medical practice.

†The Committee will recollect that Dr. J. Stokoe died suddenly in July 1953, His successor will be Dr. W.G. Evans.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (in acres)	..	..	..	..	1,354,391
Number of inhabited houses (Census 1931)	..				77,134
Number of families or separate occupiers (1931)	..				77,877
Average number of persons per house (Census 1931)	..				4.29
Population (Census 1931)					
Urban Districts	182,279				
Rural Districts	148,822	}	..	..	331,101
Population (estimated to mid-year 1952)					
Urban Districts	201,900				
Rural Districts	176,100	}	..	..	378,000
Rateable Value (1st April, 1953)	..	..	..	..	£2,358,547
Estimated product of a penny rate	..	..	..	..	£9,391

Area.

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,391. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding.

The administrative county includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham; the eastern boundary is the seaboard; on its southern boundary the Riding abuts on the East and West Ridings and the City of York; whilst on its western side is the Pennine Chain and the Lake District. Running almost north and south from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the western portion there are three main dales—these are Teesdale, Swaledale and Wensleydale proceeding from north to south.

Population.

The population as estimated by the Registrar General at mid-year 1952, is set out in the table below; the population for the years 1931, 1938, 1949, 1950 and 1951 are also shown for comparative purposes:—

Year.	Urban Population	Rural Population	Total
1931	.. 182,279	148,822	331,101
1938	.. 186,000	147,500	333,500
1949	.. 202,484	151,303	353,787
1950	.. 204,324	171,853	376,177
1951	.. 203,100	175,900	379,000
1952	.. 201,900	176,100	378,000

Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are ironstone mining, the manufacture of steel and heavy chemicals, the latter industry is being rapidly developed. On the seaboard there are many holiday resorts ; and in the rural districts agriculture and allied industries provide employment for many.

Extracts from Vital Statistics of the Year.

		Total	M	F	
Live Births	<div> <div> <div>Legitimate</div> <div>Illegitimate</div> </div> </div>	5,699	2,939	2,760	<div> <div>Birth rate per 1,000 of</div> <div>the estimated home</div> <div>population 15·7.</div> </div>
		254	131	123	
Still births	..	139	73	66	Rate per 1,000 total (live and still) births 22·82.
Deaths	..	4,235	2,157	2,078	Death rate per 1,000 of the estimated home population 11·2
				Deaths	Rate per 1,000 total (live and still) births
Deaths from pregnancy, childbirth, abortion	..			4	·66
Death rate of infants under 1 year of age :					
All infants per 1,000 live births	..				26·9
Legitimate infants per 1,000 legitimate live births					27·2
Illegitimate infants per 1,000 illegitimate live births					19·7
Deaths from measles (all ages)	..			—	
Deaths from whooping cough (all ages)	..			1	

Live Births and Birth Rates.

During the year ended 31st December, 1952, the live births registered in and belonging to the Riding numbered respectively 5,953 (166 births less than the previous year, a decrease of 2·71%).

The birth rate for the Riding as a whole was 15·7 (per 1,000 estimated population), being higher than the rate for England and Wales—15·3.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table I of the statistical tables appended to this report.

Illegitimacy.

The number of illegitimate live births registered during the year was smaller than for the previous year. During 1952, 254 such births were registered (50 less than in 1951) ; the position shows a marked improvement on 1944 and 1945 when the number was 462 and 547 respectively.

On the basis of 1,000 population the illegitimate birth rate was ·67 as compared with ·80 in 1951 and ·71 in 1950, the rate per 1,000 live births being 42·67 as compared with 49·68 in 1951 and 44·46 in 1950.

Stillbirths.

The number of stillbirths registered in 1952 was 139 (a decrease of 5 on the previous year). Further analysis of these figures into sexes indicates that there were 73 male and 66 female stillbirths. The rate per 1,000 total births was 22·82 in 1952 ; this rate compares with 22·99 for 1951 and 25·67 in 1950.

Deaths and Death Rates.

During 1952 the total number of deaths registered for the Riding was 4,235 (2,157 males and 2,078 females). The total figure gives an annual death rate of 11·2 in 1952 (per 1,000 estimated population), which is lower than the figure (12·6) for the previous year ; in terms of urban and rural districts the death rates for the seven years ended 31st December, 1952, were as follows :—

		Death Rates.						
		1946	1947	1948	1949	1950	1951	1952
North Riding :		-----	-----	-----	-----	-----	-----	-----
Urban Districts	..	13.1	13.3	12.1	13.1	13.0	13.8	12.3
Rural Districts	..	12.0	12.7	11.5	12.0	10.8	11.3	9.9
Administrative County	..	12.7	13.0	11.8	12.6	12.0	12.6	11.2
England and Wales	..	11.5	12.0	10.8	11.7	11.6	12.5	11.3

The particulars of the number of deaths and the rates in the several sanitary districts are tabulated at the end of this report.

Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shewn on Table 3 at the end of this report.

The principal causes of death in the County during 1952 were as follows, the figures for 1951 being also given.

			1951	1952
			—	—
Influenza	..	..	153	5
Heart diseases	..	..	1,699	1,597
Other circulatory diseases	..	..	172	177
Bronchitis	..	..	224	124
Pneumonia	..	..	113	112
Congenital Malformations		..	33	23
Tuberculosis of the respiratory system	..		70	60
Tuberculosis (other forms)	..	..	16	9
Cancer, malignant disease		..	646	700
Vascular lesions of nervous system		..	679	617
Nephritis and nephrosis	..	..	73	52

The position in the various sanitary districts is set out fully in Tables 4, 5, 6 and 8, but it is of interest to note that the deaths ascribed to diphtheria in the County were one each for the years 1948 and 1949 and none for subsequent years, compared with 11 in 1938.

Cancer, Malignant Disease.

Cancer was responsible for 700 deaths in the Riding and the following tabular statement shows the position for the last ten years :—

DEATHS AND DEATH RATES FROM CANCER.

Year.	County.	Total Number of Deaths.		Death rate per 1,000 population.			
		Urban Districts.	Rural Districts.	County.	Urban Districts.	Rural Districts.	England & Wales
1943	..	549	327	222	1.73	1.90	1.53
1944	..	546	332	214	1.73	1.90	1.52
1945	..	593	352	241	1.89	1.99	1.76
1946	..	581	357	224	1.75	1.89	1.57
1947	..	586	340	246	1.73	1.76	1.69
1948	..	624	373	251	1.77	1.86	1.65
1949	..	633	390	243	1.79	1.93	1.61
1950	..	626	352	274	1.66	1.72	1.59
1951	..	646	403	243	1.70	1.98	1.38
1952	..	700	431	269	1.85	2.13	1.53

Infantile Mortality.

There was a further decrease in the number of deaths of infants under 1 year, the total number for the year under review being 160, a decrease of 46 compared with the previous year. The infantile mortality rate of 26.9 compares with 33.7 for the previous year and 27.6 for England and Wales.

The following table shows the infant mortality rates for the last 10 years

Year.	Urban Districts.	Rural Districts.	Administrative County.	England & Wales.
1943	.. 56.7	52.2	54.7	57.5
1944	.. 41.7	41.1	41.4	46.0
1945	.. 55.6	54.4	55.1	46.0
1946	.. 40.1	31.5	36.5	43.0
1947	.. 46.2	42.3	44.6	41.0
1948	.. 38.8	37.2	38.1	34.0
1949	.. 41.7	36.1	39.3	32.0
1950	.. 36.0	34.2	35.2	29.8
1951	.. 38.5	27.3	33.7	29.6
1952	.. 24.3	30.1	26.9	27.6

The main causes of deaths among children under one year of age were as follows :—

	1952
Congenital malformations	.. 17
Pneumonia	.. 26
Bronchitis	.. 3
Whooping cough	.. 1

Measles.

There were no deaths from this cause during the year, compared with 6 deaths in the previous year. The following shows the deaths ascribed to measles for the past ten years :—

1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
10	2	6	1	5	3	4	3	6	Nil

Whooping Cough.

The number of deaths from whooping cough during 1952 was 1, compared with 6 in 1951 and 8 in 1950.

Infantile Paralysis.

The number of deaths in 1952 from the group of diseases which are usually known as infantile paralysis was 4 as compared with 5 in 1951 and 8 in 1950. There were 47 notifications for this disease in 1952 as compared with 29 in 1951 and 81 in 1950. The responsibility for treatment of paralytic conditions of this kind lies with the Regional Hospital Boards, but after the receipt of each notification enquiries were made into the sanitary conditions, particularly the disposal of excreta and refuse, and the possibility of nuisances from cesspits and stagnant water in ditches. Action, when necessary, was taken by the local sanitary authority concerned.

ADMINISTRATION.**Scheme.**

The Committee decided in preparing their schemes under Section 20 of the National Health Service Act, 1946 to set up a divisional administration through the medium of area sub-committees and the method of selection of these sub-committee is set out on page 19.

Decentralisation operates over the whole county in the day-to-day administration of the following services :—

- (a) the care of mothers and young children ;
- (b) the control of nursing services (supervisory staff excepted) ;
- (c) the provision and the continuance of home helps ;
- (d) the operation of the diphtheria immunisation and vaccination scheme ;
- (e) the prevention of illness, care and after care (save where at the wish of the area sub-committee this function has been handed over to voluntary organisations) ;
- (f) the supervision of the efficiency of the local ambulance service and the appointment of personnel at station level ;
- (g) the appointment of nurses, home helps and other persons working within the area.

In accordance with the scheme of delegation and the Standing Orders of the County Council, the following functions are reserved to the Central Administration (Finance Committee and/or Health Committee as the case may be) :—

- (a) the power of raising a rate ;
- (b) the power of borrowing money ;
- (c) the alteration or revocation of this scheme ;
- (d) the purchase, leasing or sale of any land or buildings ;
- (e) the appointment of clerical staff and of officers of the County Council except those referred to above ;
- (f) the dismissal of any officer or employee ;
- (g) the revision of any scale of salaries or wages which has been approved by the County Council ;
- (h) the preparation and modification of any proposal required by the National Health Service Act, 1946.

It will be seen, therefore, that a real effort has been made to incorporate local representatives in the sub-committees to give them an opportunity to build up a sound and economical service and to make use of their local knowledge to remedy defects and eliminate abuses. The decentralisation scheme can be said to have worked reasonably well within these limits.

The Mental Health Services Sub-Committee, however, have functions which are an exception to this decentralisation. The executive medical officers in the areas and the local sub-committees were consulted in 1948 and both officers and members felt it was desirable that the care of the mentally ill and mentally defective should not be decentralised, but should be retained under a central committee composed of persons with special knowledge of the problems and the care, both in the community and in institutions, of such defectives.

CO-ORDINATION AT OFFICER LEVEL is provided in that the scheme for whole-time medical officers of health prepared by the County Council under Section 111 of the Local Government Act, 1933, provided the basis of each area sub-committee ; in the case of the Scarborough area the medical officer of health of the three sanitary districts acts as divisional school medical officer and executive medical officer to the local health sub-committee as well as medical officer of health. In the other nine areas each assistant county medical officer is (or will be in due course) medical officer of health of all districts in his area and acts also as a local school medical officer ; he is assisted by one senior and one General Division clerk. District health offices are established at centres shown in the table below—

No.	Area	Constituent Authorities	Population Preliminary 1951 census figures	Area Health Office at
1	Thornaby ..	Thornaby Borough .. Stokesley R.D.	41,335	Health Centre, Francis Street, Thornaby-on-Tees.
2	Eston ..	Eston U.D. ..	33,315	Cleveland House, Grangetown.
3	Redcar ..	Redcar Borough .. Saltburn & Marske U.D.	35,940	" Teeswold," Coatham Road, Redcar.
4	Guisborough	Guisborough U.D. .. Loftus U.D. Skelton & Brotton U.D.	29,031	The Annexe, " The Close," Brotton.
5	Whitby ..	Whitby U.D. .. Whitby R.D.	23,554	Grape Lane, Whitby.
6	Ryedale ..	Malton U.D. .. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D.	28,781	Hungate, Pickering.
7	Bulmer ..	Easingwold R.D. .. Flaxton R.D. Thirsk R.D. Wath R.D.	49,025	Manor Road, Easingwold.
8	Wensleydale	Northallerton U.D. .. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D.	33,961	Thornborough Hall, Leyburn.
9	Richmond ..	Richmond Borough .. Croft R.D. Reeth R.D. Richmond R.D. Startforth R.D.	44,790	Corporation Offices, Frenchgate, Richmond
10	Scarborough ..	Scarborough B. .. Scalby U.D. Scarborough R.D.	58,428	Health Department, King Street, Scarborough.

Co-ordination and Co-operation with other authorities and other parts of the National Health Service.

(a) WITH OTHER AUTHORITIES.

Arrangements exist whereby North Riding defectives have attended at occupation centres in Middlesbrough and York. North Riding residents attend a welfare centre just outside the York City boundary on an estate owned by the City Council and jointly staffed by officers of the two authorities ; Durham County Council and North Riding nurses have areas which ignore the river between the counties and North Riding women and children attend clinics in Darlington and Durham County ; the appropriate financial adjustments are made.

There is close operational working between the ambulances of the neighbouring local health authorities, particularly when mutual aid has been provided as in the case of railway accidents and in other times of emergency.

(b) WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

The first point worthy of mention is that there is a small common membership of the County Council and of the Regional Hospital Boards and Hospital Management Committees ; it is regretted in this connection that the number of North Riding members of the Committees of the Tees-side Groups of Hospitals is minimal. This is unfortunate having regard to the fact that the population in the North Riding within easy reach of Middlesbrough is equal to that of the County Borough itself.

As regards the medical services, the County Medical Officer is a member of the Local Medical Committee appointed under the National Health Service Act and in addition meets officers of the Regional Hospital Boards quarterly and more frequently if necessary. It is in this field that the only real deterioration of the service has taken place ; before 5th July, 1948, all hospital secretaries who desired payment for school children patients under the provisions of the Education Act, 1944, sent to the school medical officer a list of admissions and discharges of children. This list was of great value to the school health staff and to the enquiry officers of the Authority ; medical practitioners were not troubled regarding certification of these children. Now it is exceptional, save in the case of the infectious disease units, to receive any information at all regarding children.

The assistant county medical officers in the eastern part of the Riding are co-operating fully in a scheme for the selection of chronic sick persons for admission to the appropriate wards in the Scarborough and Bridlington group of Hospitals ; in the case of the Scarborough area too, the local medical officer and his staff of health visitors and midwives play an active part in the selection of maternity cases for admission to the two units on social grounds. The position in other parts of the Riding, where it is not always the most needy cases who are admitted to the maternity units, shows some improvement during the last 18 months.

The health visitors of the Riding co-operate with the chest physicians in preparing reports on the home circumstances of cases referred to them and in certain areas a closer link exists as the health visitors attend at dispensary sessions. Where practicable, one nurse undertakes all the home

visiting for tuberculous persons in an area : otherwise the general duty health visitors do the necessary visitation. The midwives and nurses employed by the County Council co-operate fully with practitioners and receive their instructions about treatment from the doctors in charge of the cases, although for purpose of discipline and administration, they are under the control of the area medical officers.

At Saltburn, the Regional Hospital Board's consultants hold weekly ante-natal clinic in a new county multi-purpose clinic opened in October, 1952. No charge is made to the Hospital Management Committee for this service as County Council patients may also attend the same clinic though they are not applying for admission to the local maternity unit.

Publicity.

A comprehensive calendar has been prepared showing the clinic service available in each of the ten administrative areas ; this is printed, and circulated to all general medical practitioners as well as to members of the County Council's medical and nursing staffs, head teachers and other interested parties. No guide to the local health services available for distribution to the general public has been prepared because of the difficulties peculiar to a large area with very varied services provided on the one hand by the County Council and on the other hand by the two Regional Hospital Boards, but the medical and nursing staff of the County Council is encouraged to give every help to persons desiring to avail themselves of the general health service. In the case of ambulances, of course, there is no need to publicise the service ; the problem of the administrator is to prevent abuse !

Joint use of Staff.

In certain areas of the Riding, medical men in general practice undertake sessional work for the authority at 34 infant welfare centres ; in addition, several married women practitioners act as medical officers to centres on the same financial basis. At present there is no formal scheme for the employment of medical or other staff employed by the authority to work part-time in the hospital service but the chest physicians of the Regional Boards do have functions in relation to prevention of illness, care and after-care. It is interesting to note that the Education Committee has recently agreed to one of the assistant school medical officers undertaking a weekly session in an ear, nose and throat department ; this arrangement is intended to accelerate the examination of children found to be hard of hearing or to have impaired hearing at the surveys held in schools by the audiometric nurse.

For some years an ear, nose and throat specialist has attended at intervals at one of the County Council's clinics on Tees-side to deal with cases of discharging ears which do not react to treatment from practitioners or at school clinics ; since the " appointed day " this consultant has arranged for these children to receive operative treatment in a hospital without charge to the authority. Previous to 1948, similar children were treated at the cost of the authority either in nursing homes or in hospitals according to the demand on beds. Now there is some delay in the treatment of such cases referred to hospitals by family practitioners. If the latter have reason to believe that the education of the child is suffering by reason of the ear condition or because of frequent attacks of tonsillitis, they do not hesitate to write to County Hall about the problem.

The Regional Hospital Boards also provide specialist services without charge to the authority in connection with psychiatry, mental deficiency, and ophthalmic conditions as well as ear, nose and throat and chest work.

In the special sphere of crippled children the pre-1948 arrangements still apply whereby Mr. Crockatt and Dr. Adamson of the Adela Shaw Orthopaedic Hospital attend special clinics held in numerous places throughout the Riding. Family practitioners, as well as assistant school medical officers, refer children to these clinics; the Education Committee has provided two specially trained orthopaedic after-care sisters to attend at these clinics, to hold separate sessions between the orthopaedic surgeon's visits, to renew plasters, adjust splints and supervise the after-care of children suffering from crippling defects by visits to the homes and schools. In this way there is a constant link between the school, the school health service and the home of the patient with immediate access to a special hospital when conditions require admission. The County Council, as local education authority, has also provided a special school for physically handicapped pupils at Welburn Hall, near Kirbymoorside, and the orthopaedic surgeons named give fortnightly sessions at this school without charge to the authority.

Use of voluntary organisations.

In general, the local health authority uses voluntary organisations where such bodies can do the work satisfactorily and with less formality than officers of the Council; for example, in the delicate matter of the care of the unmarried mother and the adoption of children, the County Council makes grants to various Diocesan bodies who provide after-care workers and make arrangements in connection with admissions to hostels and allied matters. The charges for the use of the hostels are now generally made on a customer basis in place of the previous system of contributing to the funds of the governing bodies of these hostels. The County Council has also used the Scarborough Council for Social Service in connection with tuberculosis after-care and has had contractual arrangements with the St. John Ambulance Brigade and the British Red Cross Society for the provision of ambulance services.

SCHEME OF DIVISIONAL ADMINISTRATION BY AREA SUB-COMMITTEES.

Name of Area	Names of County Districts comprised in the Area.	Number of members of the County Council appointed by the Health Committee.	Number of members of District Councils appointed by the Councils of the Districts named in Col. 2.	Number of per- sons not being elected mem- bers of the County Council or of District Councils, appointed by the Health Committee	Total number of members
(1)	(2)	(3)	(4)	(5)	(6)
Thornaby ..	Thornaby B. Stokesley R.D. }	3	4 2 }	6	15
Eston ..	Eston U.D. ..	4	5	6	15
Redcar ..	Redcar B Saltburn & Marske U.D. }	3	4 2 }	6	15
Guisborough ..	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D. }	2	2 2 3 }	6	15
Whitby ..	Whitby U.D. Whitby R.D. }	3	3 3 }	6	15
Malton ..	Malton U.D. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D. }	3	1 1 1 1 1 1 }	6	15
Easingwold ..	Easingwold R.D. Flaxton R.D. Thirsk R.D. Wath R.D. }	2	2 2 2 1 }	6	15
Northallerton ..	Northallerton U.D. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D. }	3	1 1 1 1 1 1 }	6	15
Richmond ..	Richmond B. Croft R.D. Reeth R.D. Richmond R.D. Startforth R.D. }	2	2 1 1 2 1 }	6	15
Scarborough ..	Scarborough B. Scalby U.D. Scarborough R.D. }	2	5 1 1 }	6	15

The above scheme of delegation was approved by the County Council on the 3rd December, 1947.

CARE OF MOTHERS AND YOUNG CHILDREN.

At 86 places in the Riding child welfare sessions are held as compared with 55 in 1947. In 23 out of the 86 centres, ante-natal patients are also examined. The total number of attendances at infant welfare centres continue to increase notwithstanding the fact that there are fewer live births (as adjusted) (7,314 in 1947, 5,953 in 1952).

As regards the **care of premature infants**, provision has been made for the loan of certain equipment and two nurses have been given a special course of training in the care of these infants. In the case of the York area, the consultant paediatrician has expressed the opinion that the standard of nursing care and of maternal care is so good in that area that the survival rate is better than in the crowded city area where more babies are admitted to hospital.

Centres were opened during the year at Lazenby and Strensall Camp. A new clinic with a flat for a nurse, designed by the County Architect, was completed at Saltburn during the year. This new building includes a fully equipped dental surgery with a dental recovery room on the northside of the common waiting hall: on the east and south sides there are the consulting room, dressing cubicles, urine testing room, weighing room (which can also be used as an additional consulting room), records office and nurses' room, together with sanitary arrangements for male and female patients and staff. As in most other multi-purpose clinics owned by the County Council, the cost of administration and services is divided by the County Treasurer between the committees who have statutory obligations to provide the various services available on any given premises. Details regarding dental care of mothers and young children at this and other clinics is given by the Chief Dental Officer on pages 25 and 26

It is gratifying to note that the number of attendances in 1952 are the highest recorded for the five years since the "appointed day" under the National Health Service Act, 1946. The average attendances annually per centre is 735 ; the average per session is 33.

The following table gives numerical details of the clinics held, the persons who attended and the attendances for the years 1951 and 1952.

INFANT WELFARE CENTRES.

Area No.	No. of Clinics	No. of sessions held during year.	No. of children who attended during year	No. of Children who first attended during the year and who on the date of their first attendance were:		No. of Children in attendance at the end of the year who were then:		Total No. of Attendances.	
				Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
1951									
1	8	236	912	490	156	421	390	6,559	2,173
2	3	126	1,042	534	59	424	156	6,940	1,088
3	4	151	895	390	38	275	219	5,541	1,980
4	6	148	861	314	114	275	586	3,626	2,404
5	4	98	298	151	38	63	76	1,403	1,348
6	12	155	454	198	46	154	300	1,127	2,166
7	23	377	1,465	453	314	360	1,105	3,620	4,574
8	10	153	609	266	79	127	147	1,903	2,069
9	8	140	1,058	450	186	288	397	4,094	2,044
10	6	216	1,601	545	93	463	908	5,453	2,329
Total ..	84	1,800	9,195	3,791	1,123	2,850	4,284	40,266	22,175
1952									
1	8	261	1,096	476	296	399	565	6,625	2,607
2	3	153	937	465	44	346	119	6,634	1,151
3	4	154	890	377	46	231	139	4,689	1,822
4	7	164	892	350	258	374	518	3,826	2,304
5	4	97	334	157	36	85	118	1,655	999
6	12	151	737	186	47	146	461	1,213	2,486
7	24	399	1,634	512	189	388	1,189	4,455	4,607
8	10	162	745	286	111	153	304	2,078	2,475
9	8	146	989	402	125	284	400	4,135	2,153
10	6	236	1,759	470	126	524	1,196	4,831	2,448
Total ..	86	1,923	10,013	3,681	1,278	2,930	5,009	40,141	23,052

In addition North Riding children attended centres established by neighbouring authorities in adjacent areas as follows :—

	No. of sessions held during year.	No. of children who attended during year	No. of Children who first attended during the year and who on the date of their first attendance were:		No. of Children in attendance at the end of the year who were then:		Total No. of Attendances.	
			Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
Starnard Castle ..	25	10	8	—	6	4	37	10
Marlington ..	364	12	7	5	2	—	24	9
Middleton-in-Teesdale ..	24	9	3	—	2	7	4	15
Work ..	44	2	1	1	1	1	4	16
Total ..	457	33	19	6	11	12	69	50

Supply of Dried Milks.

The arrangements made in co-operation with the Ministry of Food vary considerably between one area and another. In many rural areas the nurse (or in the case of a mobile clinic the clerk/driver) takes supplies of National Dried Milk to the sessions of the infant welfare centre ; in others mothers have to attend at the Food Office.

The arrangements made for the supply of proprietary dried milks and other nutrients vary between centres according to the clinical views of the medical officer in attendance. Every encouragement is given to mothers to take up supplies of cod liver oil and other vitamin foods for personal use or for their children.

Care of Expectant and Nursing Mothers and Children under School Age.

There has been a steady development in connection with the provision of ante-natal and post-natal care in the community ; the most recent has been the completion of arrangements for the consultants of the Regional Hospital Board to use the new County Council Clinic at Saltburn for ante-natal sessions held in conjunction with the Overdene Maternity Home at Saltburn. With this exception consultant clinics are only held on the premises of the various hospitals.

Ante-natal clinics are held on premises owned or rented by the County Council at 39 places in the Riding, either separately or in conjunction with infant welfare sessions : these are staffed by medical officers with special experience in this type of work. There were 12 special *ad hoc* clinics for ante-natal cases in 1946 ; these had increased to 16 in 1952. During 1951 one ante-natal clinic was closed because the practitioners in that town were holding weekly sessions for expectant mothers on their own premises and the County Council's midwife was attending there.

Specimens of blood are taken at all the County Council's ante-natal clinics for transmission to the pathological laboratories set up either in the hospital service or in the Regional Blood Transfusion Service. In order to assist in this work venules have been purchased for use when dry sterilisation of syringes is not practicable. In certain areas practitioners refer patients to the ante-natal clinics so that blood specimens can be taken. In spite of the additional number of sessions, however, there has been, since the peak year of 1948, a decline in the number of women who attended ante-natal clinics. The total number of ante-natal attendances in 1948 was 7,696 ; this number had fallen in 1952 to 4,795. However, North Riding expectant mothers have been attending, to an increasing extent, ante-natal clinics in York and Ripon. In 1952 the number of attendances at York was 253 and in Ripon 43. Undoubtedly, the operation of the Maternity Medical Services Scheme of the Executive Council has afforded improved facilities for ante-natal care for the women in rural areas.

As regards mothercraft training, this is one of the essential services provided in ante-natal and infant welfare clinics and it is the absence of this service on general practitioners' premises which is the main difference between a private ante-natal clinic and one operated by the local authority. Film strips, posters, leaflets and models have been used to illustrate the points in the talks given by medical officers and health visitors.

As regards maternity outfits, these are provided through clinics and through midwives for women who will undergo domiciliary confinement. Each of the ten divisional offices has some accommodation for storage ; in addition, midwives often hold two or three spare outfits in their houses. Application has been made by practitioners for the supply of these outfits to women who have made private arrangements for delivery in a nursing home but these requests have been refused. The outfit now supplied includes all the items set out in the appropriate Ministry's circular, whereas previously the North Riding County Council outfit had been a little more generous as regards surgical dressings.

POST-NATAL SESSIONS were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees.

Item	1950		1951		1952	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
No. of Clinics ..	24	4	32	4	39	4
No. of Sessions ..	662	136	706	126	994	140
No. of Women who attended ..	2,029	171	1,493	96	1,389	100
Total No. of Attendances ..	6,571	202	5,398	116	4,795	116

In addition to the above, North Riding expectant mothers attended ante-natal clinics at York and Ripon, and the following details refer to these two clinics :—

	1950		1951		1952	
	York	Ripon	York	Ripon	York	Ripon
No. of Women who attended ..	15	17	32	14	52	13
Total No. of Attendances ..	116	50	334	42	253	43

Mobile Infant Welfare and Ante-Natal Unit

Many of the rural villages and outlying hamlets in the North Riding within a radius of 25 miles of New Earswick, are provided with a good service by means of a mobile clinic presented to the County Council in 1949 by the Joseph Rowntree Village Trust ; this unit, during the year under review, was drawn by a 27 h.p. Pontiac estate car. The unit is staffed whole-time by an assistant county medical officer (female), a qualified health visitor and a driver/clerk. Waiting rooms are hired in villages for the use of those awaiting examination and advice. The estate car is also used for the purpose of transporting mothers and children from hamlets and outlying dwellings to and from the unit which is usually parked outside a hired

waiting room in one of the larger villages. The attendances are set out in the following table ; these attendances are also aggregated with those for static centres given on page 21.

No. of Clinics	..	..	..	..	19
No. of Sessions held	..	..	..	..	447
No. of Expectant Mothers, Nursing Mothers and/or children	..	..	..	..	1,200
Total number of attendances	..	..	..	..	6,097

All Centres.

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1952, 25 centres were provided with this additional service. Sessions are held weekly, fortnightly or monthly, depending upon the need and the availability of staff and premises. Medical advice was available to mothers at all centres either from whole-time medical officers or from part-time local medical practitioners who were paid sessional fees. Qualified nursing staff were in attendance at all sessions.

Care of Unmarried Mothers and their Babies.

Grants were made to the following moral welfare associations who gave, through their paid and voluntary workers, valuable help and advice to expectant and nursing unmarried mothers :—York Diocesan Association for Moral Welfare (York and North Riding Branch) ; York Diocesan Preventative and Rescue Association (Middlesbrough Branch) ; Cleveland Association for Moral Welfare ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association.

The following gives details of unmarried mothers for whom accommodation was provided in mother and baby hostels :—

Name of Hostel	No. of Unmarried mothers for whom accommodation was provided		
	1950	1951	1952
Diocesan Association for Moral Welfare, Heworth Moor House, Heworth Green, York	23	30	31
*Diocesan Association for Moral Welfare, 21, Albemarle Crescent, Scarborough ..	13	26	Nil

* Home closed from April, 1952 to January, 1953.

In addition to the above, 12 patients were admitted during the year 1952 to mother and baby homes at Leeds, Hull, Bradford, Sheffield and Harrogate. The social workers employed by the diocesan associations gave excellent service in this branch of public health.

The Care of Crippled Children (pre-school age groups).

Orthopaedic Clinics, attended by the Orthopaedic Surgeon, were held in premises provided by the County Council at Thornaby, South Bank, Redcar, Carlin How, Whitby, Malton, Northallerton, Richmond and Scarborough ; clinics were also held at the Adela Shaw Orthopaedic Hospital, Kirbymoorside, and by arrangement with the York City Council in the York School Clinic.

Some 344 children attended orthopaedic clinics during the year ; of these 210 were new cases. The total number of attendances at these clinics during the year was 1,088.

Children over the age of two years who are materially handicapped by crippling defects are dealt with under regulations made by the Minister of Education under the Education Act, 1944.

Admissions of children under the age of two years to orthopaedic hospitals were arranged for 34 children, as compared with 31 in 1951. These children required treatment for non-tuberculous crippling defects.

Day Nursery.

For some years a day nursery has been provided at Grangetown, but owing to the diminished attendances as the result of the increased charges imposed by the County Council at its meeting held in September, 1952, the nursery was closed with effect from the 31st December, 1952. In this way the last directly administered non-residential nursery operated by the Health Committee ceased to exist ; the premises were after an interval of a few weeks re-opened as an occupation centre for defectives.

Dental Treatment of Expectant and Nursing Mothers and Children under the age of 5 years not attending a maintained school.

Mr. Craven, the Chief Dental Officer, reports as follows :—

Owing to difficulties of recruitment of dental staff, it was not, during 1952, possible to give any publicity to the service available for expectant and nursing mothers, but every application for dental treatment received was dealt with ; only in very exceptional cases was it necessary to refer an applicant to a dental surgeon for treatment under the arrangements made by the Executive Council.

In 1952 three general dental practitioners undertook a varying number of sessions at the Education Committee's clinics in addition to the nine full-time dental surgeons : sessions were not held solely for expectant and nursing mothers, either by whole-time or part-time dentists.

During 1951 negotiations took place with the representatives of a local dental committee as regards the treatment of priority classes. The Health Committee put forward two proposals for consideration—

- (1) to hold sessions on the premises of the dental surgeon for priority class patients ; the fee to include a sessional fee of four guineas, plus a payment for use of receptionist, premises and materials
- (2) to hold sessions on County Council premises, the dentists providing professional services only.

After two meetings and an exchange of letters, the dental surgeons did not agree to the terms suggested ; they wanted the County Council to pay for the work done at piece rates on the same basis as under the National Health Scheme. This arrangement was not acceptable to the Minister of Health. The County Council at its meeting on the 5th March, 1953, agreed to allocate monies for three more whole-time dental surgeons and three more dental attendants and the necessary equipment for them ; applications were received for these posts before any advertisements had been issued.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	81	81	81	52
Children Under 5 ..	246	246	244	243

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or scaling & gum treatment	Silver nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant & Nursing Mothers	326	6	61	23	17	—	6	17	26	22
Children under 5 ..	639	2	240	2	1	11	2	5	—	—

S. CRAVEN,
Chief County Dental Officer.

DOMICILIARY MIDWIFERY SERVICE.

Domiciliary Midwifery.

The whole of the domiciliary midwifery service provided under this section is administered directly by the County Council. On 31st December, 1952, 23 whole-time midwives were employed in urban districts, 23 nurses undertook combined duties in urban districts and 73 nurses were carrying out generalised duties in rural districts ; in addition some midwives are employed from time to time as relief staff (whole or part-time) as may be necessary. Owing to the decline in domiciliary midwifery which is evident by the table below, it is not now the policy of the County Council to make new appointments of whole-time midwives ; nurses are now offered contracts as district nurse/midwives.

The number of domiciliary confinements during the year is set out in the table below. For comparative purposes figures for the years 1949, 1950 and 1951 are also given :—

	1949	1950	1951	1952
No. of Domiciliary Confinements . .	3,626	3,017	2,797	2,838
(a) attended as midwife . .	2,604	2,068	2,021	1,985
(b) attended as maternity nurse . .	1,022	949	776	853
Percentage of total notified births	61.6%	56.5%	46%	45.8%

It is interesting to note that in the last complete calendar year before the appointed day 91% of deliveries taking place in the Riding were connected with domiciliary confinements.

The altered conditions cannot be wholly attributed to the policy of the Regional Hospital Boards as this County Council purchased Mount Pleasant (a former wartime emergency maternity home) for use as a maternity unit on the 24th January, 1946 ; the scheme for its upgrading and the renewal of central heating and electrical plant and wiring was postponed by the then Minister of Health until the Newcastle-upon-Tyne Regional Hospital Board could review the position. In the case of Tees-side too, the County Council had purchased in 1946, and almost completed extensive modifications to the Overdene Maternity Home, Saltburn, by the date of the transfer to the Hospital Board (5th July, 1948). In the Malton area the County Council had, in 1945, made an agreement with the East Riding County Council to use half of the available beds at Westow Croft, near Malton ; the delay in the full use of this unit for local patients arose because of the pressure of admissions from a special hostel at Norton, Malton, administered on behalf of the Minister of Health for pregnant single girls released or discharged from H.M. Forces.

Unfortunately admission to some of the units in this Riding is not controlled by the local executive medical officer but by the matron or the consultants in attendance. It is most desirable that the knowledge and the experience of the County Council midwives and health visitors should be fully used when decisions are made regarding the degree of priority for women who claim admission because of social conditions.

No serious objection is taken to the admission to a home of any woman who is having her first baby, but the hospital staffs do not seem to appreciate the psychological and practical problems involved when a woman who has already a child or children is moved out of her own home. Until home help is provided free of charge during confinement, or until an adequate grant is made to cover the costs of a home help, there is little chance of any reversal of this trend towards institutional deliveries.

In the proposals submitted to the Minister of Health allowance was made for the employment of a Superintendent Nursing Officer who would be the non-medical supervisor of midwives, a Deputy Superintendent Nursing Officer, and two Assistant Nursing Officers, who would also undertake the supervision of midwives. In practice it has been found that effective supervision of midwives and co-ordination of the nursing services can be carried out by the employment of two nursing officers only. The nursing officers carry out inspections of midwives employed in private nursing homes or in maternity homes where there is no resident medical officer, and those practising privately within the administrative area of the authority, as well as the directly employed midwives. Advice is given to all categories of midwives on any new technique and any other matters which require special attention.

Ante-natal supervision is provided by medical officers and midwives at the ante-natal clinics and at certain infant welfare centres as well as at special midwives' clinics ; in addition those midwives who are booked by expectant mothers who do not attend clinics visit their patients at intervals. There is good co-operation between county midwives and general practitioners who undertake maternity medical services.

The County Council each year authorises the attendance of eight to ten midwives at refresher courses. Attempts are made to encourage midwives to attend a refresher course in turn, but in practice, it has been found that some are unwilling. It is felt that it would be advantageous if the Central Midwives Board were to enforce their rule regarding refresher courses.

In December, 1949, a midwifery training school was opened at the Nurses' Home, Belgrave Crescent, Scarborough, taking two pupils every three months. The Superintendent of the Home is a qualified midwifery teacher and undertakes the instruction of the pupils for the examination prescribed for the second part of the Central Midwives Board certificate. Seventeen had completed training at the school between its inception and the 31st December, 1952. All were successful in the examination except one pupil, who also failed at the second attempt. Difficulty is experienced from time to time in obtaining the requisite number of domiciliary cases for the pupils owing to the increase in institutional confinements.

During 1952 six pupils were accepted at the school two still being in training on 31st December, 1952. Residential accommodation is also provided at the Nurses' Home for midwives and district nurses working regularly in the Scarborough area.

During the year under review, ten midwives attended various centres for a course of refresher training, and two midwives received instruction in the use of gas/air analgesia at the cost of the County Council.

A joint meeting between representatives of the Ministry of Health, the County Councils Association, the London County Council and the Association of Municipal Corporations was held on the 30th October, 1952, at the Ministry of Health to discuss financial arrangements for the training of pupil midwives. The representatives of the Associations and the London County Council said that they were anxious that the training of midwives should not be prejudiced; they were prepared to recommend to their parent bodies acceptance of the principle that local health authorities ought to bear some share of the cost of second period training. In view of the difficulties a small working party, including representatives of the Associations, the London County Council and the Ministry, was set up in order to work out details, and the North Riding Treasurer is one of the representatives of the Association of local authorities.

Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority, to notify that authority, each year, of her intention to do so; the following table shows the number who registered during the year 1952 in various categories :—

No. of Midwives	Employed by the C.C.	Engaged in private practice	Employed by Hospital Management Committees
227	149	11	67

The Ministry of Health made, under Section 6 of the Midwives Act, 1936, an order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) Regulations, 1939 (Regulation 33) the County Council employed on midwifery duties during 1952, one such person who had surrendered her certificate under the Midwives Act, 1936.

Medical Aid Records.

The Central Midwives Board is empowered by statute to make rules regulating supervision and restricting, within due limits, the practice of midwives. A midwife acting as such, or as a maternity nurse, is obliged to observe these rules. One of the most important of these rules is that she must send for medical aid in all cases of illness of the patient or child or for any abnormality occurring during pregnancy, labour or lying-in period.

The following table shows the nature of some of the reports sent in by the county midwives, district nurse midwives, independent midwives and midwives employed in maternity homes or nursing homes during the period under review as compared with the previous three years.

		1949	1950	1951	1952
Requests for medical aid	..	1,004	652	583	518
Stillbirth reports	.. ..	129	108	48	36
Rise in temperature	.. ..	29	20	18	15
Death of mother	.. ..	3	7	1	2
Death of infant	.. ..	19	16	19	12
Laying out dead body	.. ..	33	27	24	20
Artificial feeding	.. ..	105	128	114	129
Liability to be a source of infection		75	59	50	74

The following is a classification of the conditions which caused midwives to summon medical aid—

		1949	1950	1951	1952
During pregnancy	.. ..	220	136	125	107
During labour	.. ..	551	326	308	259
During lying-in period	.. ..	144	92	66	74
In respect of child	.. ..	89	98	84	78

The fall in requests for medical aid is probably due to the operation of the Maternity Medical Services provided under the National Health Service Acts and to the practice of some medical practitioners of attending personally on their patients during confinement at home.

Liability to be a Source of Infection.

In accordance with the Rules of the Central Midwives Board, there is an obligation on a midwife to notify the local supervising authority when she is liable to be a source of infection. The number of notifications received each year since 1948 have varied from 103 in 1948, 75 in 1949, 59 in 1950 and 50 in 1951, to 74 in 1952 ; the medical officers in charge of the ten administrative areas have been given the duty of ensuring that proper steps are taken by each midwife under this rule before returning to duty. In this connection, the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations into nose, throat, ear and other conditions of midwives when it appeared that the safety of the mothers and babies might be endangered by the existence of such complaints.

Maternal Mortality.

Maternal mortality is subject to wide fluctuations and a comparison of rates may lead to false deductions owing to the relatively small figures involved.

In 1952 the total of maternal deaths numbered 4 as compared with 10 in 1948, 5 in 1949, 11 in 1950 and 12 in 1951.

The mortality rate per thousand total (live and still) births in 1952 was .67, the corresponding rate for England and Wales being .72.

The distribution of maternal deaths is shown in table 6 at the end of the report.

Notification of Puerperal Pyrexia.

During 1951 the Minister of Health, in exercise of his powers under Sections 143 and 283 of the Public Health Act, 1936, and other enabling powers, varied the regulations which are called the Puerperal Pyrexia Regulations 1939 and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926 and 1928. Puerperal Pyrexia was redefined as "any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more had occurred within fourteen days after childbirth or miscarriage."

In 1952, 38 notifications were received ; of these, 17 cases occurred in maternity hospitals or homes. The others were investigated by the superintending nursing officers.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

Ophthalmia neonatorum is an infectious condition of the eyes of the newborn infant. It is defined as a purulent discharge from the eyes of the infant commencing within twenty-one days of the date of birth, and under these Regulations the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance, she is obliged by the Rules of the Central Midwives Board to call in a doctor where there is any eye discharge, however, slight. In 1952, 4 cases were reported ; one case related to an institutional confinement. All made a good recovery.

Analgesia used by Midwives.

By the end of 1952, ninety domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia.

The arrangements made during 1951 to train domiciliary midwives in the use of pethidine with a view to taking advantage of the amendment made to the Dangerous Drugs Regulations, 1937, by the Dangerous Drugs Regulations 1948 and 1950 were described in a previous report. These provide that a certified midwife, who has in accordance with the provisions of the Midwives Act, 1951, notified to the local supervising authority her intention to practise, is authorised to be in possession of, and to administer, medical opium, tincture of opium and pethidine so far as is necessary for the practice of her profession or employment as a midwife, subject to certain conditions. The following table may be of interest : it relates solely to directly employed midwives and district nurse/midwives.

Trained in the use of	pethidine and nitrous oxide	..	87
„	„ pethidine only	.. ..	27
„	„ gas/air only	.. ..	3
<hr/>			
			117
<hr/>			
Normally using	pethidine and nitrous oxide	..	81
„	„ pethidine only	.. ..	30
„	„ gas/air only	.. ..	6
<hr/>			
			117
<hr/>			
Midwives not trained in the use of either method		..	6
<hr/>			

HEALTH VISITING.

The general arrangement is that in populous areas certificated health visitors are employed on health visiting and school nursing duties. Thirty such nurses were employed in 1952. In addition one qualified health visitor is employed jointly on tuberculosis and venereal disease work in the Scarborough district and an experienced but uncertificated health visitor carried out tuberculosis visiting and school nursing in the Thornaby area.

In rural districts nurses are employed on generalised duties and 24 of these nurses hold the health visitor's certificate ; the remaining 49 who undertake health visiting work are allowed to carry out these duties under the dispensation of the Minister. It is to be noticed that visits other than those to expectant mothers have increased substantially. In one area health visitors attend on Saturday mornings in rotation at the local hospital and obtain a list of children who have been admitted during the preceding days and of those who are likely to be discharged home during the following week. This is of great value to the local medical officer in charge of the County Council's services and to his staff. The information regarding pending discharges is circulated to the home nurses in the area so that they can make any necessary preparations.

It will be noted from the table below that it was possible in 1952 to carry out more health visits than in the previous three years ; this appears to be due to the appointment of additional staff. The total number of visits of all kinds made by health visitors was 130,756 as compared with 114,950 in 1951, 111,957 in 1950 and 96,975 in 1949.

The table sets out the work of the health visitors during 1952 ; for comparative purposes the figures for 1950 and 1951 are included.

Classification.	1950	1951	1952
Health Visitors (whole-time)	6	6	2
Health Visitor/School Nurses	17	25	30
Generalised duties nurses (H.V., S.N., Mid. and Gen. Nursing)	82	85	73
Live births notified (Pub. Health Act, 1936) ..	6,015	6,047	6,080
First Visits	5,305	5,494	6,175
Re-visits to children under 1 year	22,795	26,238	27,204
Re-visits to children 1—5 years	61,000	63,949	71,111
First ante-natal visits	1,517	628	562
Total ante-natal visits	5,459	3,050	2,868
Other visits	17,398	16,209	22,598

Training.

The County Council offers not more than four scholarships each year (valued at £200 each during 1952 but later increased) to enable suitable nurses to take the health visitors course of training at recognised centres. Since July, 1948, nineteen such scholarships have been granted to suitable candidates and with the exception of two cases, the students have obtained the health visitors certificate. The two unsuccessful nurses are still working in this Riding where their training should be of value to them. A condition attached to the scholarships awarded is that the recipient must work in the administrative county for a period of three years after completion of the course of training or obtaining the certificate. Facilities have also been afforded to the Principal of the Bolton Technical College for his students to obtain a week's experience in rural areas during the course of training. The County Council's health visitors find accommodation for these students and take them on their rounds as well as having the students as helpers at ante-natal clinics and infant welfare centres. The County Council does not arrange refresher courses for health visitors within the Riding but vacancies are obtained every two years at courses held by the Royal College of Nursing.

Child Life Protection and Adoption of Children.

In this Riding the functions of infant life protection and the adoption of children are dealt with by the Children's Committee. Although most of the home visiting is undertaken by a visitor employed by the Children's Committee, the health visitors are often consulted regarding persons who are anxious to adopt a child or willing to undertake duties as foster parents. Children in the care of the Children's Committee continue to receive the normal care and supervision of the health visitor whose basic training is that of a nurse and whose professional judgment is of great value in assessing the health and needs of each child. Every attempt is made to ensure that "deprived" children are not further deprived of the services available to other children of the same age groups living at home.

HOME NURSING SERVICE.

When the County Council took over the home nursing service from district nursing associations in July, 1948, it was decided to employ whole-time home nurses in the urban areas. Since then, owing to the decline in domiciliary midwifery, it has become the practice to appoint doubly qualified nurses to undertake combined duties in these districts. On the 31st December, 1952, there were 24 whole-time home nurses, 23 nurses undertaking midwifery and home nursing, and in the rural districts 73 nurses undertaking duties of a generalised character. Of these, 79 have received a course of district training. On the whole the home nurses have worked very well with the general practitioners and only occasionally complaints are made regarding their work.

Since the institution of an enquiry by the Newcastle Regional Hospital Board into the incidence of bed sores in hospital and in former in-patients discharged from hospital, there has been a better link so that home nurses know in advance, in many cases, that such a patient is being discharged and will require special care.

The main types of cases attended by home nurses are medical, surgical and tuberculosis cases. About 70% of the cases fall into the "medical" category. There is no night nursing service as such, although many nurses do an evening round ; such a service does not seem practicable in an area which is mainly rural.

The arrangements previously made with the Durham County Council whereby nursing services are carried out by them in certain marginal areas of the Riding continued during 1952 in the parishes of Cotherstone and Lartington, Wycliffe, Ovington, Barforth and Hutton Magna, Eryholme, Over Dinsdale, Girsby and Croft.

The North Riding County Council's generalised duties nurse residing at Romaldkirk undertakes nursing work for the Durham County Council in the parish of Eggleston.

Details of the number of patients visited and the total visits made are set out in the table below together with comparative figures for 1950 and 1951 ; it will be noted that although the number of persons visited in 1952 is less than in 1951, the number of visits made during the year increased by 11,633.

	1950	1951	1952
Number of persons visited	10,826	9,286	9,142
Total number of visits	188,471	200,998	212,631

Training.

Arrangements are made every two years for a small number of district nurses to attend refresher courses organised by the Queen's Institute of District Nursing and opportunities are also given for district nurses to attend one or two day courses in the adjoining County Boroughs of York and Middlesbrough. Arrangements are also made through the Queen's Institute of District Nursing for suitable candidates to take a four or six months course of district training. In some cases recipients of health visitors scholarships undertake combined district and health visitors training under the auspices of the Queen's Institute of District Nursing.

VACCINATION AND IMMUNISATION.

The whole-time health visitors are given the duty of sustaining the interests of parents in immunisation of the child population against diphtheria, but it is difficult to get the interest of a parent in vaccinating a child. One of the most difficult things to combat is the very fact that the disappearance or the rarity of diphtheria and smallpox tend to make the parents careless or difficult to convince on the merits of protection of the child. Arrangements are made, therefore, for the incidence of a case of suspected diphtheria to be widely discussed by nurses. Many practitioners, though they have a financial incentive to immunise, are not maintaining their interest in this subject until a case occurs.

During 1952 the County Council approved a scheme for immunising children against whooping cough and practitioners can apply for the single antigen or for the combined diphtheria/pertussis antigen as they wish. Normally immunisation against whooping cough is desired at the age of four to six months. Arrangements for giving boosting injections of diphtheria antigen have been successfully made in the urban districts. The percentage of immunised children under fifteen years is as high as 90% in certain areas. Incidentally it is interesting to note that the number of notified cases of diphtheria during 1952 was 7 and the number of deaths nil as compared with 332 and 12 in 1939. As a matter of general comment personal approaches to the parents by the health visitor remain the only effective agent in securing the consent of parents to the protection of their children.

A fee of 5/- is paid to medical practitioners in private practice for every notification of successful immunisation or vaccination except where sessions are held, in which case the proper sessional fee is payable ; a record of immunisation in these latter cases is made by a member of the Council's staff. Notification in respect of successful immunisation by the combined diphtheria/pertussis antigen is made on one notification card ; the usual fee of 5/- is payable.

The table below gives the number of children within specified age groups who had, at the 31st December, 1952, been immunised or vaccinated. Comparative figures are given for 1950 and 1951.

DIPHTHERIA IMMUNISATION.

Year	Estimated population under 5 yrs.	No. of children immunised	Estimated population 5-14 yrs.	No. of children immunised	Total est. pop. under (15 yrs.)	Total No. of children immunised (under 15 yrs.)
1950	31,478	13,642	51,950	24,901	83,428	38,543
1951	31,760	16,334	53,630	33,340	85,390	49,674
1952	30,900	16,425	55,900	37,869	86,800	54,294

It will be noted that 43% of the younger age group received immunisation in 1950, 51% in 1951 and 53% in 1952.

VACCINATIONS.

Year	Vaccinations				Re-vaccinations			
	Under 1 yr.	1-14 years	15 yrs. & over	Total	Under 1 yr.	1-14 years	15 yrs. & over	Total
1950	851	434	221	1,506	34	98	424	556
1951	1,135	428	296	1,859	21	83	686	790
1952	1,360	364	296	2,020	1	95	656	752

The percentage of children vaccinated under one year of age compared with the number of live births was 14% in 1950, 18% in 1951 and 23% in 1952.

AMBULANCE SERVICE.

There was a 40% increase in the number of patients carried as compared with 1951 whereas the mileage travelled by ambulance service vehicles operated by or in conjunction with the County Council during 1952 was only 4% more than in the previous year. In the Cleveland area special arrangements are in force whereby the practitioner only orders an ambulance for its first journey ; any subsequent journey is authorised by the officers of the hospital. Difficulties have occurred in this area in that sometimes a request for a sitting case car has gone to an agency ambulance station where only traditional ambulances are available. Formal arrangements have now been made for co-ordination of journeys and there can be no excuse for failure to pass on the requests for sitting case vehicles to the nearest county station or local health office. Helpful advice from many general practitioners has been received regarding the abuse of the ambulance service by particular persons. In certain cases officers of hospitals have been at fault in ordering vehicles without adequate consideration. One general practitioner telephoned regarding a patient who had to be asked to leave a local 'bus because the ambulance ordered by the hospital had called at his home for him.

During the year the new type of dual purpose vehicle adapted from a Bedford 10 cwt. van has been brought into use. Such a vehicle provides an adequate, if not luxurious, service in many areas with considerable saving of petrol. During the last five years, 33 ambulances have been sold as having passed the time when repairs can economically be carried out, and 5 sitting case cars were sold, after covering considerable mileages, for prices in excess of their original cost ; 21 traditional ambulances have been supplied after having been built on the Bedford ambulance chassis and 23 dual purpose vehicles have been delivered. These latter comprise 3 " utilecons " made by Martin Walter, Ltd., and 20 converted vans with seating made to the design of the County Ambulance Officer.

The service in the Riding at the end of the year under review, was provided from (a) county depots at Scarborough and Redcar, county stations at Northallerton, Haxby, Thirsk and Malton, and the county minor station at Bainbridge ; (b) agency services controlled by the St. John Ambulance Brigade at Carlin How, Eston, Great Ayton, Richmond, Saltburn (until 4-7-52) and Whitby ; (c) agency services by the Ryedale Ambulance Association which is affiliated to the British Red Cross Society ; (d) Hospital Car Service through the Women's Voluntary Services in certain areas ; and (e) customer arrangements with adjoining authorities.

STAFF.

There were directly employed by the County Council on the 31st December, 1952, 64 whole-time men plus 3 " retained " men at Bainbridge. During the year the Bainbridge ambulance was supervised by the Superintendent of High Hall, Bainbridge (a county home for aged people). The station was not manned by a whole-time driver during the period under review, although that development was made in 1953. The practice is to pay a fixed allowance of £30 per annum to each of the 3 local men, plus a turn-out fee of 12/- and an hourly rate for time spent in excess of two hours on ambulance duties.

The table below gives the number of patients carried and the mileage undertaken since the appointed day :—

Period	Category	County vehicles	Agency vehicles	Vehicles of other authorities	Hospital Car Service	Total
1948	Patients Carried	Details not available.				7,671
(from 5 July)	Mileage ..	do	do			189,380
1949	Patients Carried ..	15,826	9,923	1,857	3,062	30,668
	Mileage ..	319,587	201,188	23,398	146,043	690,216
1950	Patients Carried ..	26,890	15,340	3,325	4,042	49,597
	Mileage ..	512,541	250,895	47,064	172,683	983,183
1951	Patients Carried ..	36,883	20,254	4,052	3,280	64,469
	Mileage ..	641,562	295,460	44,260	138,271	1,119,553
1952	Patients Carried ..	58,791	22,699	4,902	4,059	90,451
	Mileage ..	736,616	288,829	42,838	100,641	1,168,924

One of the improvements expected from the re-organisation of hospital services has not materialised ; the out-patient departments are still being extensively used as places where patients continue to congregate for treatment of minor injuries and other conditions, even “ medical ” conditions. The resident staffs of some hospitals seem unwilling to refer these patients back to their family doctor for the remainder of the treatment necessary ; this reluctance on the part of junior medical personnel, nurses and physiotherapists has serious repercussions on the cost of the ambulance service.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

(a) TUBERCULOSIS.

The drafting of the proposals under Section 28 presented some difficulty to the Health Committee as they were anxious to give an opportunity to all parties who were interested in this type of work. They left it to the discretion of each of the Area Sub-Committees as to how provision should be made for each area. This discretion has given rise to a multiplicity of methods, varying from the area sub-committee itself undertaking all the functions of an after-care committee to that where the after care is left to the vestiges of the former district nursing associations at parish level. The Health Committee, being mindful of their duty to provide a scheme in relation to tuberculosis, made a grant to each after-care committee formally affiliated to the National Association for the Prevention of Tuberculosis. The basis of this aid is 20/- per family in which a notified case of tuberculosis exists on the 1st January of each year, or alternately at the rate of £10 per thousand population. Clear instructions have been given that monetary grants must not be made out of funds donated by the County Council. Some of the Care Committees have shown little anxiety to expend any money ; at least one area would probably be better administered directly through the local health office.

Care committees are established in eight out of ten health areas ; care work in the other two is carried out directly by the local health sub-committee. The Health Committee since the 5th July, 1948, has made initial grants of £50 each to voluntary care committees on establishment.

Recommendations as to extra nourishment and the provision of beds and nursing requisites are sent direct from the chest physician to the local health offices in any case. The allocation of suitable open-air shelters has been dealt with centrally so as to avoid shelters being left unused because in particular areas there might be problems in storing the shelters between periods of use, or in using them at all because of lack of space.

Materials for occupational therapy for patients discharged from sanatoria are being provided through voluntary organisations or care committees.

On the recommendation of the chest physician one pint of extra milk per day is made available without charge to all tuberculous persons. Additional extra nourishment is dealt with by the care committees on application to the appropriate medical officer by the family practitioner and/or home nurse.

The Health Committee put forward to the Ministry a scheme for the provision of a convalescent home in which children undergoing B.C.G. vaccination could be housed well away from the focus of infection, but the Minister did not approve the proposal. Some 94 North Riding persons were vaccinated up to the end of 1951 and 96 during 1952 by the chest physicians of the Regional Hospital Boards. No B.C.G. vaccination was carried out by whole-time officers of the County Council during that year.

Save in the case of Scarborough the chest consultants serving the Riding have their centres in adjacent county boroughs ; at Whitby and Northallerton, however, there are subsidiary clinics where there is good contact between the chest physician and the local health department. This centralisation of chest clinics in the county boroughs has made one revise one's attitude to the attendances of county health visitors at sessions where they were likely to hear news of their own patients, and accordingly the system of postal reporting has been adopted. There would appear to be no point in a North Riding nurse attending a session in Middlesbrough for example, when about 98% of patients whom she will see on any particular day would be strangers to her.

Officers of the local health authority and of the local housing authorities have co-operated well in the matter of rehousing tuberculous families ; help is frequently sought and in most cases readily given by housing allocation committees.

Although these care committees have received further grants at the rates referred to on page 39, the practice since 1950 has been to reimburse the approved expenditure of the previous year. Care committees are also debarred from making monetary grants to sick persons except out of funds subscribed voluntarily by the public.

During the year grants were made to the various care committees as follows :—

Care Committee	Gross Expenditure	Income from non-C.C. sources	Net expenditure reimbursed by County Council	Initial Capitation Grant
	£	£	£	£
Eston ..	191	—	191	—
Redcar ..	75	4	71	—
Guisborough ..	58	5	53	—
Whitby ..	48	21	27	—
Ryedale ..	4	—	4	346
Bulmer ..	63	10	53	—
Wensleydale ..	45	17	28	—
Scarborough ..	270	7	263	—

(b) MENTAL ILLNESS OR DEFECTIVENESS.

Arrangements for the care and after-care of persons suffering from mental illness or defectiveness are dealt with by the Mental Health services sub-committee of the Health Committee ; see page 42 for details of the work of this standing sub-committee.

(c) OTHER TYPES OF ILLNESS.

As regards illness generally, certain items of equipment, *e.g.* special beds and mattresses can be obtained on request from local health offices ; in addition each home nurse has access to a supply of nursing requisites which she may leave on loan in a patient's home without charge. Health visitors are being used by medical officers of health in certain areas to follow up cases of notifiable disease and to ensure that adequate nursing is available ; they are better able to give advice to parents on the prevention of further infection and the care of children than sanitary staff, particularly now that terminal disinfection has been virtually abandoned except after certain serious diseases, *e.g.* tuberculosis, typhoid fever and smallpox.

(d) CONVALESCENT HOME ACCOMMODATION.

As regards after-care for illness other than tuberculosis, convalescent treatment was offered to 18 individuals in 1950, to 34 in 1951, and to 29 in 1952. Unfortunately all the convalescent homes used are at some distance from the North Riding. Those in the North Riding are reserved for members of special groups including one for children at Filey Road, Scarborough. This has become a children's "convalescent hospital" as the governors did not take the necessary action before the appointed day to retain it for its primary function as a convalescent home ; in pre-war days it was extensively used as a true convalescent home for children from the crowded West Riding towns, with an average stay of four to six weeks in place of a similar number of months. The scheme for after-care for orthopaedic conditions in children has already been described on page 25.

The following table gives further details of those who were admitted to convalescent homes through the County Council's scheme in 1952.

Name of Convalescent Home	Number receiving Convalescence				Total
	Adults		Children		
	Male	Female	Boys	Girls	
Semon Convalescent Home, Ilkley ..	1	5	1	—	7
Blackburn Convalescent Home, St. Annes-on-Sea	—	2	—	—	2
Hunstanton Convalescent Home, Hunstanton	1	5	3	5	14
West Hill Convalescent Home Southport	1	2	—	—	3
Spofforth Hall Rest Centre, near Leeds	—	1	1	—	2
Kelsall Court, Saxmundham ..	—	1	—	—	1

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

In 1950 the Minister of Health commended to local health authorities certain recommendations made by the Joint Tuberculosis Council for the purpose of protecting organised groups of children against the risk of infection by adults suffering from tuberculosis. Among other suggestions it was urged that persons in certain categories of employment should be x-rayed before being allowed to come into close contact with groups of children and that they be x-rayed again at intervals.

Three radiologists in different towns have provided services and have submitted these members of the staff to x-ray examination. During 1952 33 employees were surveyed under these arrangements as compared with 49 in 1951 ; the cost is charged to Section 28 of the National Health Service Act, 1946. Other entrants to posts where direct and intimate contact exists between them and young children (*e.g.* teacher trainees) are referred to mass miniature radiography units, if easily available at the time of examination or to the radiologists already mentioned.

HEALTH EDUCATION.

Advice on personal and environmental hygiene is freely given by health visitors employed in the County Council's service to mothers with children under school age and to families in which a clinical case of tuberculosis has occurred ; generally the advice is welcomed and accepted. Advice is also given on health matters at infant welfare centres, ante-natal and post-natal clinics, both orally and by means of pamphlets. Chest physicians, too, are expected to cover the problem of prevention of infection in their discussions with patients and their relatives ; they also remind practitioners of this aspect of dealing with tuberculous persons in making recommendations in individual cases. Members of the medical staff have also given talks in their own areas in their capacity as local M.O.H. ; the three county health inspectors have systematically dealt with the peculiar problems of food handling in talks given to employees in the school meals service.

DOMESTIC HELP SERVICE.

The domestic help service has expanded remarkably since 1947 ; in that year 46 families were given help by 45 part-time helpers. During 1952 559 families were helped by 23 whole-time and 65 part-time employees of the County Council's domestic help service. The Finance Committee have agreed to permanent whole-time domestic helps being given " established " status with superannuation and other benefits as in the case of the nursing staff. This was necessary in order to retain helpers during the summer months in those towns where accommodation for summer visitors is a major occupation of the inhabitants.

There is no training scheme for domestic helps. The part-time helps are selected for the most part by health visitors from their local knowledge. No permanent domestic help is appointed save after full enquiry ; each is interviewed by and appointed by an area sub-committee. Admission to the superannuation scheme is dependent upon a medical examination among other requirements.

The County Council's proposals under the National Health Service Act, 1946, provide for the employment of the equivalent of 70 full-time workers either in a whole-time or part-time capacity for the purpose of providing domestic help for those in need. Priority is given (i) to women having a domiciliary confinement, (ii) to persons requiring help because of sickness or pregnancy of the housewife or her absence in hospital, (iii) to other cases of acute illness particularly of children, where there is a number of healthy children to be cared for, and thereafter (iv) to aged persons or chronic sick persons who are unable to obtain admission to hospital. The other categories as defined by the section of the Act are then considered.

At the end of the year under review, the standard charge to persons obtaining domestic help was 2/6d. per hour ; recovery of whole or part of the cost of providing the service from the person receiving domestic help is assessed according to a scale of assessment. The table below gives the number of helps employed, the hours worked, the number who received help and the number who paid the standard charge in each of the ten health areas of the Riding.

Area	Domestic Helps			Recipients of Domestic Help	
	Employed or registered at end of year		Hours worked	No. who received help	No. who paid standard charge
	Whole-time	Part-time			
Thornaby ..	3	3	8,756	46	4
Eston ..	3	8	18,396	92	2
Redcar ..	3	3	9,951	80	10
Guisborough ..	5	1	7,776	44	1
Whitby ..	2	1	5,677	29	3
Ryedale ..	—	23	13,824	47	3
Bulmer ..	—	12	6,426	54	4
Wensleydale ..	—	8	3,085	26	2
Richmond ..	—	6	6,191	45	10
Scarborough ..	7	—	10,836	96	19
Totals ..	23	65	90,918	559	58

MENTAL HEALTH SERVICES OF THE AUTHORITY.

The standing sub-committee of the Health Committee, composed of members with previous experience of mental hospital and mental deficiency colony work, as well as a limited number of co-opted persons, undertakes the immediate control of the mental health functions of the local health authority and has had delegated to them the powers of the County Council in relation to the Lunacy and Mental Treatment Acts, the Mental Deficiency Acts (except the power to levy a rate or to purchase or sell property) and certain functions under the National Health Service Act, 1946, Section 28. There is no delegation of any of the functions of the mental health sub-committee to local health sub-committees.

It has not been necessary to appoint a whole-time officer with psychiatric experience in view of the assistance given by officers of the Newcastle-upon-Tyne and Leeds Regional Hospital Boards. Accordingly, the County Medical Officer and his staff, with the assistance of the psychiatrists of the two Boards, have been able to deal with all the administrative problems save one, the securing of institutional accommodation for defectives. The position has been rather difficult between the two Boards in that the former County Colony at Claypenny, near Easingwold, has been admitting cases only from the Leeds Board's areas ; for defectives living in the northern part of the Riding, accommodation has had to be sought in institutions in County Durham. The medical superintendent of one of these hospitals has given valuable assistance in certain difficult cases.

Many cases have been referred to the psychiatric consultants for opinion regarding juvenile psychosis, maladjustment or mental deficiency. There is still a tendency, however, on the part of certain magistrates' courts to refer cases for psychiatric examination where no psychiatric problem is present, as in the case of lads robbing an orchard ; other courts do not request an opinion in circumstances where expert opinion would reveal deep seated family problems affecting the behaviour of some members of the family group.

It was not possible to make any appointment of psychiatric social worker because of the shortage of persons holding the requisite certificate.

As regards duly authorised officers, 40% of the salary of 9 welfare officers (all of them experienced relieving officers before the 'appointed day') is attributable to mental health duties. These officers made 578 visits during 1952 in connection with their statutory duties under the Mental Treatment Acts. They also made a small number of visits to patients after discharge at the request of relatives or doctors. In addition, one mental health worker with previous experience in connection with psychiatric patients in another area has carried out visits in collaboration with, or at the request, of psychiatrists of the Newcastle Regional Board.

The trend during the last three years in the number of admissions to local mental hospitals is of interest. During 1949, the County Medical Officer received the appropriate notices concerning the admission of 188 North Riding patients to mental hospitals ; of these 58% were admitted as voluntary patients. During 1952 the corresponding figure, based on similar information was 574 admissions, of whom 64% were admitted as voluntary patients.

The following table gives the number of admissions and discharges from institutions together with the number of North Riding defectives who died in institutions during the the years 1951 and 1952.

Year	Admitted		Discharged		Died	
	M.	F.	M.	F.	M.	F.
1951	12	14	6	4	3	1
1952	7	22	3	5	4	2

As regards mental health workers, one experienced part-time worker is employed, one full-time qualified worker and one full-time worker with previous experience in an occupation centre. These are authorised to act for the Authority under Section 15 of the Mental Deficiency Act, 1913.

In view of the shortage of trained social workers, the Mental Health Sub-Committee, with the permission of the County Council, altered the establishment and substituted a scheme for training of mental health workers. There are at present two trainees who are given practical experience in this field and are required to take a course of training for a certificate in social science. One of the trainees has already been successful in the first part of the examination ; in the case of another recently appointed, her previous experience as an uncertificated teacher is of great value in her work.

All the routine and statutory visits under the Mental Deficiency Acts, apart from those required to be performed by a registered medical practitioner, are carried out by these mental health workers. They have also, at the request of the superintendents of mental deficiency colonies, supervised defectives on licence from institutions and have carried out voluntary supervision in other cases when so directed by the Committee.

The County Council has taken over all the mental health functions formerly carried on by voluntary bodies in the Riding. During the years 1948 and 1949, 602 visits were made by the social workers employed by the National Association for Mental Health, but by the middle of 1949 the County Council was able to terminate the agency arrangements as their staff was then adequate for the purpose.

The following statistics are of interest :—

Mental Deficiency.

Defectives in Institutions on 31st December, 1952.

				Total.
Under 16 years of age	..	32 males	33 females	.. 65
Over 16 years of age	..	163 males	166 females	.. 329
				394

On Licence from Institutions.

Under 16 years of age	..	2 males	1 female	.. 3
Over 16 years of age	..	6 males	28 females	.. 34
				37

In Rampton and other state institutions (not included in the above figures).

				Total.
11 males		3 females	..	14

Under Guardianship.

3 males	3 females	..	Total.
			6

Analysis of Cases.

(a) Number of defectives notified to the local health authority during 1952

	M.	F.
(i) Under Section 57 (3) Education Act, 1944 ..	11	7
(ii) Under Section 57 (5) Education Act, 1944 ..	8	10
(iii) Other sources, subject to be dealt with ..	14	14
	—	—
	33	31
	—	—

(b) Disposal of cases reported during the year

(i) Admitted to institutions	4	2
(ii) Placed under guardianship	—	—
(iii) Taken to " places of safety "	—	1
(iv) Placed under statutory supervision	26	23
(v) Placed under voluntary supervision	3	2
(vi) Action not yet taken	—	3
(vii) Died or removed from area	—	—
	—	—
	33	31
	—	—

(c) Number of defectives on register at end of year

(i) in institutions (including those on licence therefrom)	214	231
(ii) under guardianship	3	3
(iii) In " place of safety "	—	1
(iv) Under statutory supervision	147	140
(v) Number of persons who are not subject to be dealt with, but over whom some voluntary supervision is maintained	63	50
	—	—
	427	425
	—	—

(d) Number of defectives awaiting institutional care on 31st December

26	19
----	----

(e) Number of defectives receiving day training ..	10	16
--	----	----

(f) Number of effective visits made by mental health workers	2,169
--	-------

WORK UNDERTAKEN IN THE COMMUNITY.**Mental Treatment.**

1951	1952
------	------

(a) Visits made by duly authorised officers under the Lunacy and Mental Treatment Acts.. ..

1,008	764
-------	-----

Patients admitted to hospital

(i) Voluntary	330	374
(ii) Certified	101	132
(iii) Temporary	24	17
(iv) Section 20 cases	78	77
(v) Urgency cases	9	14

Most local health authorities welcomed the receipt of Ministry of Health circular 5/52. This circular made provision for the admission of defectives to mental deficiency hospitals for short periods during an emergency, (*i.e.* illness of the person having control of the defective, etc.) for a period of up to two months without certification. Whilst this circular is not the complete answer to the continued shortage of hospital accommodation for this type of patient, it has served to alleviate, to a certain degree, the more urgent temporary needs.

Up to the 31st December, 1952, five defectives from this authority had been admitted, under the terms of this circular, to hospitals controlled by Regional Hospital Boards ; no additional expenditure for accommodation has been incurred.

Occupation Centres.

The Mental Health Services Sub-Committee opened an occupation centre suitable for 25 defectives in Scarborough in July, 1952. Children are transported to the Scarborough centre in ambulances and/or dual purpose vehicles attached to the County Ambulance Service.

A midday meal is provided from the local kitchen of the school meals service ; the ascertained cost is charged to the Mental Health Services Sub-Committee by the Education Committee. The charge to parents of children is in accordance with the Education Committee's scale whereby children of low income families receive free meals ; the maximum charge per dinner at the end of the year under review was 7d.

Steps were also taken to provide for the opening early in 1953 of a second centre (for 30 defectives) in the Cleveland area. In addition to this provision, the Mental Health Services Sub-Committee have accepted responsibility for the cost of attendance of North Riding defectives living near Middlesbrough and York, at occupation centres operated by these two county boroughs. On the 31st December, 1952, 6 North Riding children in each case were on the roll of these occupation centres.

Owing to the widely scattered population of the North Riding, home teaching for mental defectives has proved impracticable. Instead, the Mental Health Services Sub-Committee have authorised, in certain areas, small classes being conducted on one or two half days per week. The first of these classes at Whitby commenced during January, 1953, when five defectives attended. This class is in charge of a mental health worker who has experience in occupation centre work.

PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1952 was 11 as compared with 11 in 1951. The premises which are the subject of an application for registration are inspected and reported upon by a medical officer ; after registration, nursing homes are supervised and inspected by officers of the medical department. There were no new registrations in 1952.

The number of beds provided in these nursing homes at the end of 1952 was 126 (maternity 31 : others 95).

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis received in 1952 was 224 as compared with 298 in 1951.

Table I shows the number of new notifications during the last ten years :

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1943	275	167	108
1944	318	210	108
1945	260	164	96
1946	256	173	83
1947	262	200	62
1948	331	243	88
1949	280	213	67
1950	267	224	43
1951	298	250	48
1952	224	188	36

Table II shows the number of primary notifications of new cases of tuberculosis in age and sex groupings and Table III the age and sex distribution of new cases notified and deaths during the year.

TABLE II.

Formal Notification.

Age-Periods	Number of Primary Notifications of new cases of tuberculosis											
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total (all ages)
Pulmonary—												
Males ..	—	1	4	—	5	5	23	17	14	15	5	89
Females ..	—	2	4	2	13	20	22	17	9	6	4	99
Non-Pulmonary—												
Males ..	—	6	5	2	2	2	—	—	2	—	—	19
Females ..	—	1	—	6	1	2	3	1	1	1	1	17

TABLE III.

Age Periods	NEW CASES NOTIFIED.				DEATHS			
	Pulmonary.		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0-	—	—	—	—	—	—	—	—
1-	1	2	6	1	—	—	2	—
5-	4	6	7	6	—	1	1	—
15-	50	72	4	7	10	13	1	2
45-	29	15	2	2	23	7	—	—
65-	5	4	—	1	3	3	2	1

In Table IV the distribution of new cases by district with comparative figures for the five preceding years is given : the deaths from tuberculosis are similarly set out in Table 5 at the end of this report

TABLE IV.

District.	1947		1948		1949		1950		1951		1952	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
Doncaster	26	7	52	4	45	10	31	2	42	—	47	4
Leeds	3	2	3	3	3	2	4	3	7	—	1	—
Sheffield	6	5	3	1	4	10	7	3	4	—	2	1
Halifax	1	1	1	—	2	—	—	—	—	—	1	—
Northallerton ..	—	1	—	—	3	—	—	—	3	—	—	1
Pickering	2	1	3	—	2	1	—	—	2	—	—	—
Thorncliffe	14	—	24	2	14	4	21	1	17	5	28	7
Richmond	2	—	—	—	1	3	2	—	8	—	5	—
Thorncliffe	7	—	4	—	7	—	9	2	7	1	7	—
Thorncliffe	6	2	2	1	4	—	4	1	6	—	1	—
Scarborough	43	4	29	9	29	2	25	—	23	2	13	—
Sheffield & Brotherton	10	2	6	—	8	5	14	3	5	2	—	1
Thornaby-on-Tees	14	4	26	3	22	3	30	4	28	2	6	2
Whitby	4	2	6	11	2	4	1	6	12	5	5	1
Total Urban ..	138	31	159	34	146	44	148	25	164	17	116	17
RURAL DISTRICTS.												
Thorncliffe	1	—	2	—	3	—	—	—	2	2	2	—
Bedale	2	1	3	5	2	—	2	—	1	—	—	1
Croft	—	1	—	2	—	—	—	—	—	—	—	—
Wasingwold	1	2	6	8	3	—	14	1	25	3	3	2
Flaxton	18	4	22	12	9	9	11	2	8	2	15	3
Helmsley	4	—	5	2	2	—	3	1	1	1	—	1
Kirbymoorside ..	1	3	—	3	1	1	2	—	—	—	—	—
Leysburn	4	3	4	1	4	2	1	1	6	1	4	—
Malton	1	1	3	—	—	—	1	1	1	1	1	1
Masham	—	—	1	—	—	—	—	—	—	—	—	—
Northallerton ..	2	1	2	1	7	2	—	—	8	—	1	1
Pickering	3	2	2	2	—	—	1	—	1	—	2	—
Reeth	—	—	—	1	2	—	1	1	—	—	1	2
Richmond	2	—	10	1	10	3	12	1	10	1	14	1
Scarborough	3	2	4	2	4	—	4	—	4	2	1	—
Startforth	5	—	2	1	—	—	1	1	—	1	2	—
Stokesley	6	3	11	4	10	2	11	3	8	5	17	3
Thirsk	6	3	2	7	4	1	5	2	8	1	7	2
Wath	1	—	—	—	—	—	1	—	1	—	—	—
Whitby	2	5	5	2	6	3	6	4	2	11	2	2
Total Rural ..	62	31	84	54	67	23	76	18	86	31	72	19
Administrative County	200	62	243	88	213	67	224	43	250	48	188	36

Deaths and Death Rate.

There were 69 deaths due to tuberculosis in 1952 as compared with 86 in 1951.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last six years and gives the corresponding figures for England and Wales.

TABLE V.

Deaths from Pulmonary Tuberculosis.				1947	1948	1949	1950	1951	1952
				—	—	—	—	—	—
No. of deaths	..	..	..	108	124	127	104	70	60
Rate per 1,000 population	..	..	..	0·32	0·35	0·36	0·28	0·18	0·16
Deaths from Non-Pulmonary Tuberculosis.				1947	1948	1949	1950	1951	1952
No. of deaths	..	..	..	23	25	20	13	16	9
Rate per 1,000 population	..	..	..	0·07	0·07	0·06	0·03	0·04	0·02
The death rates in England and Wales were :—									
Pulmonary tuberculosis	..	..	..	·470	·440	·403	·321	·275	·212
Non-Pulmonary tuberculosis	..	..	..	·079	·067	·054	·043	·041	·028

The whole-time and part-time nursing staff of the Riding made 492 visits in connection with the after-care of tuberculous persons.

During the year the Public Health (Tuberculosis) Regulations, 1930, were revoked ; these were replaced by the Public Health (Tuberculosis) Regulations 1952. The new Regulations no longer require a medical officer of health to keep a register of tuberculosis notifications, but the Minister of Health expressed the view that they should continue to do so.

The requirements contained in the 1930 Regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is also omitted from the present Regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient with a notifiable disease) is sent by the institution staff concerned to the medical officer of health of the district to which the patient belongs.

The Minister recognises that local health authorities in fulfilling their responsibility under Section 28 of the National Health Service Act also need to receive every help from the hospital services, especially from physicians in charge of chest clinics, and in particular that their medical officers of health should have information from clinic records freely available to them. He has asked regional hospital boards to see that this help is everywhere forthcoming and to impress on those in charge of chest clinics that it is their duty to provide a medical officer of health with any information he may reasonably require for this purpose. Boards have also been urged to see that chest physicians concern themselves fully with the preventive and after-care aspects of tuberculosis and treat these as of equal importance with their clinical duties.

PREVALENCE OF INFECTIOUS DISEASES.

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1952 is given in table 7 at the end of this report. Seven notifications of diphtheria were received from the Thirsk area ; all were admitted to hospital because throat swabs had been taken and found positive. None of the seven had been immunised because of lack of parental interest.

VENEREAL DISEASES,

The following table gives the summary of the first attendances made by North Riding patients at the hospital named during the years 1943 to 1952 :—

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Darlington General Hospital ..	43	52	61	84	52	58	39	55	30	24
Harrogate General Hospital ..	3	2	11	5	8	6	6	11	1	1
Leeds General Infirmary ..	1	—	4	4	3	1	2	6	8	2
Middlesbrough General Hospital ..	97	104	181	288	212	145	167	159	121	112
Scarborough Hospital	148	192	195	181	162	110	108	95	52	74
Stockton & Thornaby Hospital ..	81	74	71	98	72	66	48	33	25	33
York County Hospital	41	55	49	90	51	68	44	27	27	30
Totals ..	414	479	572	750	560	454	414	386	264	276

LABORATORY FACILITIES.

A comprehensive service is available at the two laboratories of the Public Health Laboratory Service that have been established at Northallerton and Middlesbrough. In addition to undertaking the examination of specimens the directors of the laboratories can help when required in epidemiological field work in co-operation with medical officers of health. The Middlesbrough laboratory serves Durham, in addition to the Tees-side, Guisborough and Whitby area of the North Riding. The Northallerton laboratory serves the remainder of the Riding, except for the Scarborough area which relies on a similar laboratory at Hull and to a lesser degree on the Scarborough Hospital laboratory for this service.

The Northallerton laboratory is also a main distributing centre for diphtheria prophylactics and vaccine lymph, for immunising persons against diphtheria and smallpox respectively.

The Public Health Laboratory Service is concerned with laboratory aspects of public health and was constituted by the National Health Service Act as an organization separated from the hospital services controlled by the Regional Boards. Central reference laboratories on particular public health problems have been set up and the facilities of these laboratories are available to the whole country through the branch laboratories of the service. In the North Riding two public health laboratories, though not controlled by the Regional Hospital Boards, are situated by arrangement alongside the hospital clinical laboratories at the Friarage Hospital, Northallerton, and the General Hospital, Middlesbrough. As a result of this, a most valuable integration of laboratory aspects of preventive and clinical medicine has been possible.

HOUSING.

All local authorities have a statutory obligation under the Housing Act 1936 sec. 5 to make an inspection of their districts to ascertain, from time to time, the condition of houses, and to keep records of such inspections. In rural areas the survey required by the Rural Housing Advisory Committee in 1945 would have fulfilled the above obligation if completed and kept up to date. Unfortunately for various reasons, not least of which has been the pressure of work on sanitary inspectors due to new schemes of water supply and sewerage and sewage disposal, many authorities have not completed the survey and of a total of 38,037 houses to be surveyed only 25,514 (67%) have been inspected ; these have been placed in the following categories :—

Category 1.	Satisfactory in all respects	..	..	7,809
Category 2.	Minor defects	..	..	7,911
Category 3.	Repairs or structural alterations	..	..	7,014
Category 4.	Suitable for improvement under the Housing Act, 1949	..	..	2,100
Category 5.	Unfit for habitation	..	..	2,780

As in previous years, few local authorities or private owners have taken advantage of the Housing Act, 1949, to effect improvements ; it is apparent that greater efforts and incentives will be necessary if the potentially good houses amongst the existing older premises are to be re-conditioned.

The immediate need for 3,936 additional houses which is not entirely being met by new building, could be diminished to a large extent by carrying out improvements and renovations to suitable existing properties.

New schemes of water supply and sewerage and sewage disposal are providing facilities for improvements in sanitary amenities but the major defect in rural houses is dampness.

DISTRICT.	Number of Houses erected		Housing Act, 1949. Sec. 20.			
	By Local Authority	By Private Persons	Number of applications received	Number of Grants made	Number of Grants refused	Number of Grants pending
A.—URBAN.						
1. Eston	132	3	..	..	..	..
2. Guisborough ..	133	20	..	..	..	..
3. Loftus	34	2	1	..	..	1
4. Malton	14	11	..	..	..	..
5. Northallerton ..	50	9	..	..	..	..
6. Pickering	10	3	1	..	1	..
7. Redcar	130	14	..	..	..	..
8. Richmond	28	2	1	1	..	..
9. Saltburn and Marske	48	6	..	..	..	..
10. Scalby	28	8	..	..	..	..
11. Scarborough ..	251	23	3	..	..	3
12. Skelton and Brotton	32	3	4	1	2	1
13. Thornaby-on-Tees	80	31	..	..	..	..
14. Whitby	40	6	..	..	..	..
Total Urban ..	1,010	141	10	2	3	5
B.—RURAL.						
1. Aysgarth .. ..	..	1	..	..	..	..
2. Bedale	13	12	..	..	..	..
3. Croft .. ..	..	2	..	..	..	..
4. Easingwold	23	..	2	..	1	1
5. Flaxton	51	24	5	1	2	2
6. Helmsley	2	5	1	..	..	1
7. Kirbymoorside ..	10	3	2	..	2	..
8. Leyburn	26	5	4	2	1	1
9. Malton	14	6	4	3	1	..
10. Masham .. ..	..	..	..	..	..	..
11. Northallerton ..	28	15	4	..	4	..
12. Pickering	20	9	1	..	..	1
13. Reeth	12	..	1	..	1	..
14. Richmond	42	11	2	1	1	..
15. Scarborough ..	34	14	..	..	..	..
16. Startforth	6	2	..	..	..	..
17. Stokesley	60	24	..	..	..	..
18. Thirsk	36	1	2	1	..	1
19. Wath	4	7	1	..	..	1
20. Whitby	37	16	4	3	1	..
Total Rural ..	418	157	33	11	14	8
Administrative County..	1,428	298	43	13	17	13

Housing (Rural Workers) Acts, 1926-1942.

Signed statements have been obtained during the year from the owners of houses subject to grants under these Acts as to the occupations of the tenants and the rents charged for the houses. The particulars supplied have been checked in certain cases.

During the year an application was received from an owner for permission to increase the maximum rents of two cottages as a result of works of improvement. Permission was given pursuant to section 45 of the Housing Act, 1949.

Housing (Financial and Miscellaneous Provisions) Act, 1946.

Under section 8 of the Act annual contributions for 60 years continue to be made to County District Councils where the Minister of Housing and Local Government has approved of contributions under section 3 being made for houses provided for the agricultural population. For houses completed before 28th February, 1952, the annual contribution by the County Council is at the rate of £1. 10s. 0d. per house : by section 1 of the Housing Act, 1952, the contribution for houses provided after that date has been increased to £2 10s. 0d. per annum.

WATER SUPPLIES.

The majority of the water supply schemes prepared in recent years have provided for agricultural requirements in addition to domestic supplies. In consequence, they have been regional or area schemes in preference to small individual supplies and the coverage envisaged by the formation of joint water boards is gradually being achieved. The Ryedale Water Board has provided almost complete coverage in the south-eastern part of the Riding by direct supply or augmentation of existing supplies ; completion of the Sowden Beck scheme has supplied the major part of the Leyburn Rural District ; the Cod Beck Scheme to supply Northallerton Rural and Urban districts is progressing and will supply a large area in the centre of the Riding and the Whitby Regional Scheme to supply the coastal villages and moorland villages is also nearing completion. Re-distribution and extension of supplies is being carried out in a number of other areas and the picture for the year is one of steady progress despite the financial burdens involved. A report on the progress of county districts in the preparation of schemes for water supplies is given on page 59.

Twelve schemes were submitted during 1952 for the observations of the County Council ; after investigation these were the subject of reports by the county consulting engineers (Messrs. Binnie, Deacon and Gourley) and by the county health inspectors. Brief details of the schemes with estimated costs are as follows :—

Authority	Date Submitted	Object	Estimated Cost
Bedale R.D.C. ..	11-10-52	Proposed Service Reservoir at Cowling	£ 11,700
	22-12-52	Water mains extensions—	
		1. Ainderby Miers	1,400
		2. Exelby	3,750
		3. Masham Road, Bedale ..	664
		4. Morton Lane, Leeming Bar ..	2,284
		5. Rookwith	1,966
		6. Smearholmes	1,719
Easingwold R.D.C. ..	7-10-52	Mains extension, Thirsk Road, ..	
		Easingwold	1,582
	4-12-52	Mains extension, Linton Woods Lane, Linton-on-Ouse ..	2,451
Helmsley R.D.C. ..	20-9-52	Carlton water supply scheme ..	9,900
Northallerton R.D.C.	13-10-52	Sowerby-under-Cotcliffe water supply scheme (revised) ..	6,450
Scarborough R.D.C. ..	24-1-52	Snainton to West Ayton water supply scheme—laying of new 6" water main extension Snainton to Brompton and the purchase of Brompton Water Undertaking ..	7,611

One Public Inquiry into a proposed water scheme and three meetings convened by the Minister of Housing and Local Government to enquire into the progress of work on water schemes were attended by the county health inspectors, the local authorities and areas concerned being as follows :

Authority	Date of Meeting	Scheme
Leyburn R.D. ..	5-3-52	Sowden Beck water supply scheme.
Masham R.D. ..	29-8-52	Water supply for the Parish of Ilton.
Northallerton R.D. ..	18-12-52	Comprehensive water supply scheme.
Ryedale Joint Water Board.	1-7-52	Investigation into progress of work of the Board's scheme.

In connection with new proposals for improvements in water supply, 138 inspections of existing conditions and new sources of supply were made by the county health inspectors.

Supervision and sampling of water supplies.

The elimination of small public and private water supplies by the provision of area and regional supplies which are more readily controlled, is having a beneficial effect on the overall position in the Riding so far as the potability of water is concerned. The general improvement is reflected in the table of results given below ; despite an increase in the number of samples submitted to bacteriological examination, there is a decrease in the number of sample failures when compared with the figures for the year 1951.

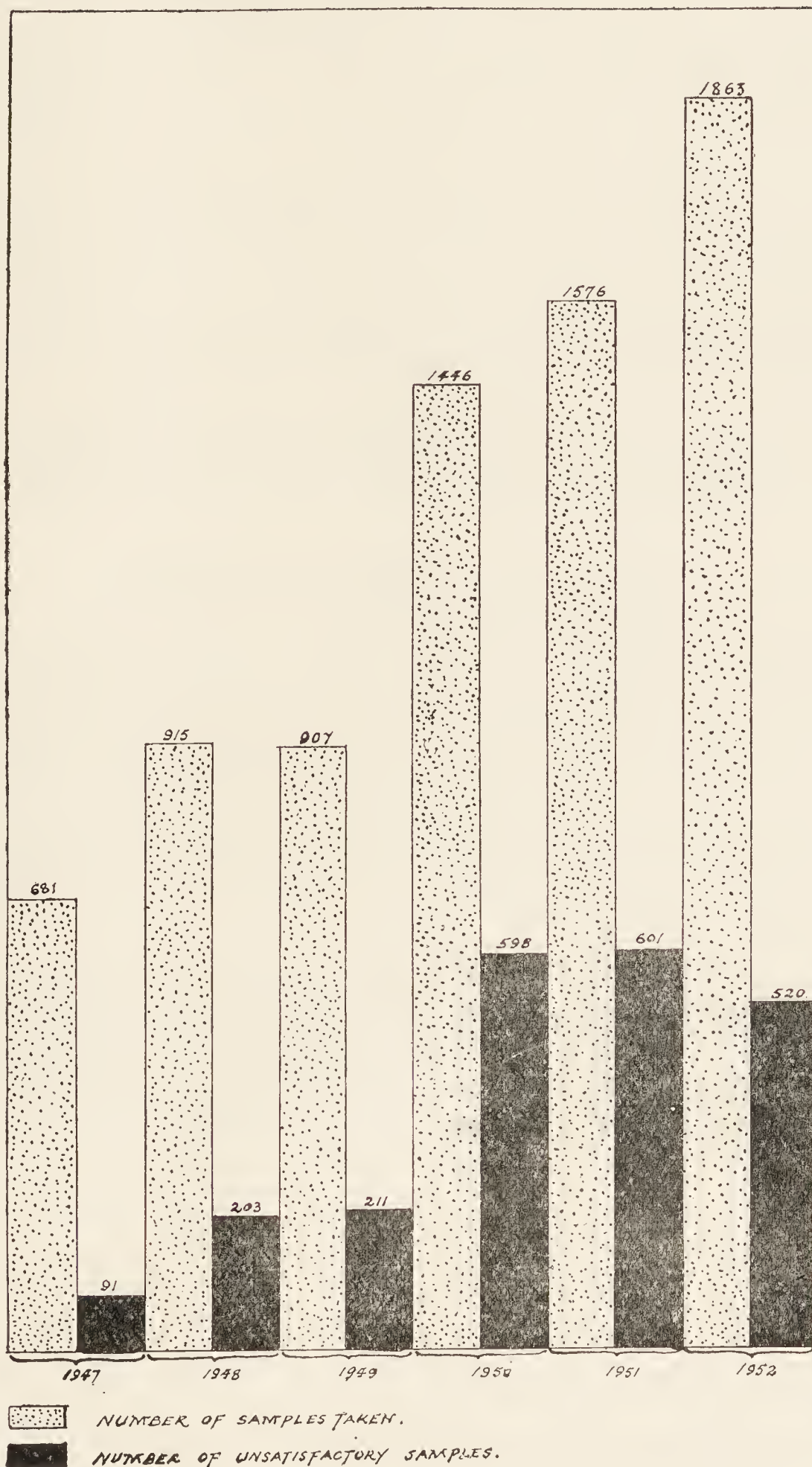
The following table gives details of the number and results of samples taken by individual sanitary authorities :—

No. and Results of samples of water taken by local authorities.

DISTRICT	1952							
	Chemical analysis			Bacteriological examination			Type of Supply	
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	Public	Private
URBAN								
*Eston	8	8	—	8	8	—	1	—
Guisborough	4	4	—	73	51	22	3	2
Loftus	1	1	—	18	8	10	—	—
Malton	—	—	—	37	35	2	1	16
Northallerton	—	—	—	49	23	26	1	—
Pickering	—	—	—	15	9	6	1	50
Redcar Borough	33	33	—	27	26	1	3	—
Richmond Borough	1	1	—	28	22	6	1	7
Saltburn & Marske	—	—	—	3	3	—	1	—
Scalby	20	20	—	10	6	4	3	4
Scarborough Borough	9	9	—	377	365	12	2	3
Skelton & Brotton	4	4	—	73	51	22	4	—
*Thornaby Borough	—	—	—	4	4	—	1	—
Whitby	—	—	—	42	34	8	1	—
Total Urban	80	80	—	764	645	119	23	82
RURAL.								
Aysgarth	4	2	2	54	12	42	17	170
Bedale	—	—	—	12	12	—	1	—
Croft	—	—	—	—	—	—	1	3
Easingwold	—	—	—	82	49	33	2	3
Flaxton	3	2	1	60	57	3	2	—
Helmsley	—	—	—	23	13	10	14	3
Kirbymoorside	—	—	—	19	13	6	5	1
Leyburn	2	2	—	14	8	6	20	8
Malton	—	—	—	31	21	10	1	1
Masham	—	—	—	3	3	—	5	—
Northallerton	2	2	—	41	4	37	5	—
Pickering	1	1	—	52	26	26	9	2
Reeth	1	1	—	17	2	15	15	2
Richmond	3	1	2	31	16	15	16	8
Scarborough	1	1	—	428	326	102	7	7
Startforth	—	—	—	18	7	11	9	9
Stokesley	20	19	1	52	38	14	5	3
Thirsk	2	1	1	20	11	9	6	6
Wath	7	7	—	44	29	15	9	2
Whitby	7	7	—	98	51	47	11	13
Total Rural	53	46	7	1099	698	401	160	241
Administrative County	133	126	7	1863	1343	520	183	323

* Supply provided by Tees Valley Water Board.

The fact that 520 samples were unsatisfactory on bacteriological examination emphasises the need for continued supervision and sampling of remaining sources of water supply which are liable to contamination and it is a matter for regret that one or two authorities have not averaged one sample from each public supply during the year. This fact alone detracts from the otherwise excellent record of progress by sanitary authorities during the past six years, as indicated by the following block graph.



660 samples of water were taken during the year by the county health inspectors ; the majority were taken from schools supplied from sources which were “ suspect ” ; this is the reason for the large number of samples which failed on bacteriological examination. The results of these samples are tabulated below :—

Test	No. taken	Satis- factory	Unsatis- factory	Remarks.
Bacteriological examination	660	441	213	6 not examined
Chemical analysis ..	1	—	1	Excess iron.

As a result of the above sampling a number of schools were found to have unsatisfactory supplies and recommendations were made that all water intended for human consumption should be boiled before use.

Weekly samples were taken from raw and chlorinated water at the pumping station of the Ryedale Water Board (East Ness).

Tests for residual chlorine were made regularly at Brompton Hall and Welburn Hall Special Schools where chlorination of the private supplies is necessary to safeguard the health of the resident staff and pupils.

SEWERAGE AND SEWAGE DISPOSAL.

Progress with schemes for the provision of piped water supplies is enabling local authorities to comply with statutory conditions governing contribution towards schemes for sewerage and sewage disposal ; these are contained in Sec. 1 (1) of the Rural Water Supplies and Sewerage Act, 1944 and stipulate that contributions towards rural sewerage and sewage disposal schemes shall only be made if the Minister is “ satisfied that the need for making provision is due to anything done or proposed to be done, whether before or after the passing of this Act, to supply, or increase the supply of, water in pipes in that locality.”

Fifteen schemes to provide sewerage and sewage disposal facilities were submitted during the year, and after examination by the county consulting engineers and the county health inspectors, they were approved in principle.

Details of the local authorities and parishes concerned, and the estimated costs of the schemes are as follows :—

Authority	Date Submitted	Object	Estimated Cost £
Easingwold R.D.C. ..	4-11-52	Sewerage and sewage disposal for Crayke (revised scheme).	12,750
Flaxton R.D.C. ..	1-4-52	Sewerage and sewage disposal scheme for New Earswick.	6,815
	22-8-52	Sewerage and sewage disposal scheme for Sand Hutton.	11,433
Leyburn R.D.C. ..	31-1-52	Sewerage scheme for Finghall ..	5,655
Malton R.D.C. ..	5-1-52	Sewerage and sewage disposal scheme for Welburn (amended)	8,500
	19-11-52	Sewage disposal works—Brawby ..	1,800
	27-11-52	Sewerage and sewage disposal scheme for Slingsby.	16,000
Masham R.D.C. ..	2-8-52	Sewerage scheme for Masham ..	11,150
Richmond R.D.C. ..	6-2-52	Sewerage and sewage disposal .. scheme for Scorton and Bolton-on-Swale.	18,750
	18-6-52	Sewerage and sewage disposal scheme—Hudswell (2nd revision).	11,300
	6-8-52	Sewerage and sewage disposal .. scheme—North Cowton (2nd rev.)	15,250
	20-8-52	Sewerage and sewage disposal scheme—Parish of Gilling (rev.)	24,750
	21-10-52	Sewerage and sewage disposal scheme—Eppleby (2nd rev.)	12,550
Scarborough R.D.C. ..	19-4-52	Seamer Regional sewerage scheme —extension of Seamer sewage disposal works.	21,497
Stokesley R.D.C. ..	28-10-52	Sewerage scheme—Cross Keys Inn and adjacent properties at Leven Bridge—Parish of Ingleby Barwick.	1,100

The cost of the schemes for the smallest villages is now considerable and for this reason many schemes are in abeyance. A report on the progress of county districts in the preparation of schemes for sewerage and sewage disposal is given on page 60.

WATER SUPPLY SCHEMES.

Report on the progress of county districts in the preparation of schemes for water supplies.

Rural District (1)	Schemes prepared and submitted (2)	Submitted to C.C. and Ministry (3)	Submitted to County Council only (4)	Schemes approved and/or in progress (5)	Schemes rejected by Ministry (6)	Schemes prepared but not submitted (7)	Schemes in abeyance (high cost) (8)	Schemes not prepared	
								Areas requiring schemes (9)	Areas of no urgency (10)
Aysgarth ..	7	5	2	2	1	—	—	—	—
Bedale ..	3	3	—	—	3*	—	—	—	—
Croft ..	2	2	—	2	—	2	—	—	—
Easingwold ..	(With the operation of the Ryedale Water Board supply the area will be adequately covered).							—	—
Flaxton ..	(All parishes adequately served with the exception of isolated properties).							—	—
Helmsley ..	12	12	—	—	—	—	—	—	15
Kirbymoorside ..	12	12	—	12	—	—	—	—	2
Leyburn ..	8	7	1	5	—	—	—	—	—
Malton ..	(The whole of the area is adequately served).							—	—
Masham ..	1	1	—	1	—	—	—	2	—
Northallerton ..	(The Regional Scheme at present in progress will serve all parishes).							—	—
Pickering ..	12	8	4	8	—	—	4	—	11
Reeth ..	1	1	—	1	—	—	1	—	—
Richmond ..	1	1	—	1	—	—	—	—	—
Scarborough ..	3	3	—	2	—	—	1	6	1
Startforth ..	5	5	—	3	—	—	—	—	—
Stokesley ..	3	3	—	2†	(These schemes cover the Council's area).				
Thirsk ..	(All parishes served, augmentation schemes await decision on acquisition by Council of Water Undertaking).								
Wath ..	1	1	—	1	—	—	—	—	—
Whitby ..	2	2	—	2	—	—	—	—	—
Totals ..	73	66	7	42	4	2	7	8	29

* extensions for purely agricultural purposes.

† 2 schemes in abeyance for technical reasons.

SEWERAGE AND SEWAGE DISPOSAL SCHEMES.

Report on the progress of county districts in the preparation of schemes for sewerage and sewage disposal.

Rural District (1)	Schemes prepared and submitted (2)	Submitted to C.C. and Ministry (3)	Submitted to County Council only (4)	Schemes approved and/or in progress (5)	Schemes rejected by Ministry (6)	Schemes prepared but not submitted (7)	Schemes in abeyance (high cost) (8)	Schemes not prepared	
								Areas requiring schemes (9)	Areas of no urgency (10)
Aysgarth ..	5	2	3	2	—	—	3	1	7
Bedale ..	3	3	—	1	1	6	—	2	9
Croft ..	5	1	4	1	—	—	4	—	6
Easingwold ..	12	11	1	3	—	3	1	—	19
Flaxton ..	10	10	—	5	—	7	5	—	—
Helmsley ..	6	6	—	6	—	—	—	9	11
Kirbymoorside	6	1	5	—	—	—	5	—	12
Leyburn ..	7	5	2	3	1	—	—	5	—
Malton ..	10	8	2	2	1	—	1	20	—
Masham ..	—	—	—	—	—	—	—	3	6
Northallerton	1	1	—	1	—	—	—	21	—
Pickering ..	14	6	8	1	—	—	—	—	9
Reeth ..	9	—	9	—	—	—	—	—	3
Richmond ..	8	2	6	1	—	—	—	2	15
Scarborough ..	14	14	—	9	—	—	1	—	6
Startforth ..	9	9	—	1	—	—	—	—	11
Stokesley ..	10	10	—	2	—	—	—	—	14
Thirsk ..	32	32	—	7	—	—	21	—	17
Wath ..	1	1	—	1	—	8	—	—	1
Whitby ..	—	—	—	—	—	5	—	22	—
Totals ..	162	122	40	46	3	29	41	85	146

The Ministry of Housing and Local Government held two public inquiries and nine meetings to consider schemes of sewerage and sewage disposal in the Riding ; these were attended by the county health inspectors who reported thereon.

Local authorities and areas concerned are as follows :—

Authority	Date of Inquiry/ Meeting	Scheme
Aysgarth R.D.C. ..	21-5-52	Sewerage and sewage disposal—Aysgarth village.
Easingwold R.D.C. ..	12-2-52	Sewerage and sewage disposal scheme for Huby.
Flaxton R.D.C. ..	4-6-52	Sewerage and sewage disposal schemes for Harton, Holtby and Warthill.
do ..	2-10-52	Claxton sewerage scheme.
do ..	11-12-52	Flaxton sewerage scheme.
Malton R.D.C. ..	14-5-52	Sewerage and sewage disposal—Welburn village.
Scarborough R.D.C. ..	6-2-52	Sewerage and sewage disposal for the Sawdon Ward of the Parish of Brompton.
do ..	6-2-52	Sewerage and sewage disposal for Brompton and Snainton (two schemes).
d ..	18-3-52	Sewerage and sewage disposal at Cayton and Post Office Street, West Ayton.
Stokesley R.D.C. ..	9-5-52	Sewerage schemes for Maltby, Ormesby and Stainton.
Thirsk R.D.C. ..	25-3-52	Proposed sewage disposal works—Newby Wiske and South Otterington.

During the year 1952 local authorities have made progress in providing sewerage and sewage disposal facilities as follows :—

AYSGARTH R.D.—A new sewage disposal works has been provided for Aysgarth village.

FLAXTON R.D.—New sewage disposal scheme has been completed at Claxton and work on schemes for Flaxton and Stockton-on-Forest is in progress,

HELMSLEY R.D.—Sproxton sewage disposal scheme has been completed ; Ampleforth scheme is nearing completion and the joint scheme with Kirbymoorside R.D.C. for Beadlam and Harome is also nearly completed.

LEYBURN R.D.—Schemes for West Witton, Hunton, Patrick Brompton and Newton-le-Willows are almost completed.

MALTON R.D.—Good progress has been made with the Street villages scheme and approval has been received for the Welburn village scheme which is based on the ex-war Department sewage works.

NORTHALLERTON R.D.—The Brompton-Romanby sewerage scheme is nearing completion.

SCARBOROUGH R.D.—The Seamer, Irton, E. & W. Ayton sections of the Regional Sewage Disposal Scheme are completed and approval has been received for the carrying out of extensions to the disposal works at Seamer.

THIRSK R.D.—Sewage disposal works at Dalton and Skipton Bridge have been acquired by the Council.

A number of the above schemes have been described as “ completed ” or “ nearing completion ” ; it is at this point that amenities become available and both the general public and the local authority should take advantage of the facilities provided by improving sanitary arrangements in the several districts. In addition to the activities of the local authorities listed above, most authorities have carried out sewer extensions to serve new housing development.

REFUSE COLLECTION AND DISPOSAL.

Of the fourteen urban authorities in the Riding, ten dispose of refuse by controlled tipping, three by uncontrolled tipping and one by incineration.

In the rural areas eight authorities dispose of refuse by controlled tipping, seven by partially controlled tipping and five by uncontrolled tipping. Refuse disposal and collection difficulties in rural areas have been the subject of comment in previous reports. There has been no improvement in the position in recent years. The number of small refuse dumps near isolated cottages and farms has instead increased. There is no easy nor inexpensive solution of the problem in rural areas where unsatisfactory services are in operation.

The following is a statement giving, in respect of each authority, details of refuse disposal, frequency of collection and estimated cost.

District	Estimated cost of service	Method of refuse disposal—1952	Frequency of collection improvements to service, etc.
	£		
..	11,153	Controlled tipping	Weekly collection
..	3,000	do ..	do
..	2,250	Uncontrolled tipping	do
..	1,368	Controlled tipping	do
..	2,425	Uncontrolled tipping	do
			Bullamoor and Hailstone Moor—3 weekly collection.
..	760	do ..	Weekly collection in town area
			Quarterly collection at Stape and Beansheaf.
..	14,138	Controlled tipping	Weekly collection.
..	2,275	do ..	do
..	3,400	do ..	do
..	2,686	do ..	do
..	32,355	do ..	do
..			
..	4,248	do ..	do
..	6,600	do ..	do
..	4,820	Incineration ..	do
..			
..	578	Partially controlled	Fortnightly collection. Service extended to house-to-house collection for Burterset.
..	2,000	Controlled tipping	Bins collected weekly in Bedale, Aiskew and Leeming Bar. Fortnightly collections in other areas.
			Ashpits cleared at 10-12 weekly intervals.
..	640	Uncontrolled tipping	Fortnightly collection.
..	4,000	Controlled tipping	10 day collection—privy middens monthly.
..	2,749	Partially controlled	Weekly collection from all area served.
..	914	do ..	Fortnightly collection.
..	—	do ..	Weekly collection in Kirbymoorside, Nawton, Wombledon, Kirby Mills and Welburn. Monthly elsewhere.
..	1,436	Uncontrolled tipping	Weekly collection—Leyburn and Middleham.
			Fortnightly collection—remainder of area.
..	300	Partially controlled	Collection 5 times per year.
..	469	Controlled tipping	Weekly collection—Masham township.
			Fortnightly collection—other parts where served.
..	2,679	Partially controlled	Weekly collection—AinderbySteeple, Morton-on-Swale, Thrintoft, Brompton and Romanby.
		rest tipped on land for farmers	Fortnightly collection—other areas.
			Ashpits emptied at 2-3 monthly intervals.
..	525	Uncontrolled tipping	Fortnightly collection in villages, every 3 weeks in other parts.
..	1,000	Partially controlled	Weekly collection. Farms monthly.
..	1,189	Controlled tipping	Weekly collection
..	1,157	do ..	Fortnightly collection from large communities.
			Monthly collection from small communities served.
..	—	do ..	Weekly collection.
..	7,500	do ..	Weekly collection except two parishes fortnightly.
..	7,340	Uncontrolled tipping	Weekly collection from bins and pails.
			Monthly collection from privy middens and ashpits.
..	450	Controlled tipping	Fortnightly collection.
..	4,283	Uncontrolled 85%	Weekly collection in 30 villages.
		Incineration 15%	Fortnightly collection in 10 villages.
			Monthly collection in 7 villages.

NUISANCES.

Once again the absence of legal proceedings for the abatement of nuisances and the comparatively small number of statutory notices which it has been necessary to issue during the year is deserving of favourable comment ; co-operation would appear to have reached a high level in this routine but essential part of the environmental hygiene services. The following table provides a brief survey of the work done in the county, based on the annual returns made by local medical officers of health to the county medical officer.

NUISANCE INSPECTIONS (other than Housing inspections).

DISTRICT	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings
URBAN							
Eston	2800	3110	1934	2038	47	55	—
Guisborough ..	319	319	175	145	—	—	—
Loftus	489	174	171	164	15	12	—
Malton	87	32	32	29	—	—	—
Northallerton ..	376	247	144	141	3	2	—
Pickering	29	25	3	3	—	—	—
Redcar Borough† ..	5961	5903	5871	5852	6	5	—
Richmond Borough ..	432	413	364	364	—	—	—
Saltburn & Marske ..	1305	373	139	133	5	—	—
Scalby	96	43	43	43	—	—	—
Scarborough Borough	1529	637	181	178	53	48	—
Skelton & Brotton ..	1225	414	414	337	6	6	—
Thornaby Borough ..	827	618	465	386	79	60	—
Whitby	586	109	109	107	4	4	—
RURAL.							
Aysgarth	66	42	19	16	—	—	—
Bedale	80	21	21	18	1	1	—
Croft	39	21	2	1	—	—	—
Easingwold	317	83	34	22	4	12	—
Flaxton	98	76	76	73	2	2	—
Helmsley	74	67	48	48	1	1	—
Kirbymoorside	17	17	—	—	—	—	—
Leyburn	29	18	18	14	—	—	—
Malton	63	29	10	10	—	—	—
Masham	321	18	18	18	—	—	—
Northallerton	390	352	289	284	—	—	—
Pickering	5	4	1	1	—	—	—
Reeth	53	47	3	3	—	—	—
Richmond	377	35	15	9	7	3	—
Scarborough	83	65	51	49	14	14	—
Startforth	180	56	36	36	7	7	—
Stokesley	449	440	31	31	12	12	—
Thirsk	84	53	36	25	—	—	—
Wath	33	7	7	7	—	—	—
Whitby	169	62	19	19	—	—	—
Totals	18988	13930	10779	10604	266	244	—

* These figures include notices pending at the end of 1951.

† These figures include nuisances found during housing inspections, which are not included in the returns of other authorities.

Although the results of housing inspections are not included in the above table, the emphasis in recent years on the building of new houses, to the almost complete exclusion of repairs to old houses, is responsible for many of the nuisances found, particularly in urban areas.

INSPECTION AND SUPERVISION OF FOOD.

Food poisoning—notifications.

There was an increase in the number of notified cases of food poisoning during the year. The numbers of notifications received from district medical officers of health are given in Table No. 7 on page 80.

Food poisoning and Contamination.

An outbreak of paratyphoid fever occurred in Whitby and was the subject of a special report by the District Medical Officer (Dr. B. Schroeder). The peak of the outbreak was reached in the middle of the holiday season when (according to Dr. Schroeder's report) there were twenty-four confirmed cases and five symptomless carriers, the latter being family contacts or persons engaged in the catering trade which was the subject of special investigation. Although a symptomless carrier was found in a bakehouse in which the first recognised case of paratyphoid occurred, and artificial cream in the bakehouse was also found to be infected with paratyphoid, sporadic outbreaks which had occurred during the previous months and for which no bacteriological cause could be found, were thought to have had some bearing on the ultimate outbreak. No visitors to the town were involved or suffered from this outbreak.

There was an outbreak of enteritis and sickness in July, in the Sandsend area ; this was mainly confined to visitors and had largely subsided when information was received by the district medical officer ; in consequence the results of investigations into the outbreak were inconclusive. The county health inspector co-operated with officials of the Whitby R.D.C. and advised on precautions to be taken in school meals preparation in the area.

In the Borough of Scarborough a mild outbreak of food poisoning affected fifteen persons for a short period and the results of investigations into the cause of the outbreak were inconclusive.

Duties under the Food & Drugs Act, 1938, relating to food poisoning, contamination of food, unsound food and precautions against contamination of food have been carried out by the county health inspectors ; particular attention is now being given to the education of food handlers, as it is felt that insufficient progress is being made with this, the most important aspect in the prevention of food poisoning.

MILK SUPPLIES.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

Inspections and sampling to ensure that arrangements for the treatment, handling, storage and distribution of pasteurised milk are satisfactory have continued throughout the year with greater frequency. It is gratifying to be able to report a further decrease in the number of phosphatase failures—the test for efficiency of pasteurisation—when compared with the figure for the year 1951 which has already been the subject of favourable comment.

Nine licences to operate pasteurising plants were issued during the year, one of which related to a transfer from old congested dairy premises, (in use by the licensee at the time of transfer of control to the County Council) to a new dairy of modern design.

Seven plants have been in continuous operation throughout the year ; two are H.T.S.T. (high temperature short time) plants and five holder type plants ; one plant (Holder type) which is installed at a cheese-making factory is not in regular use.

The following summary gives the number of inspections made, samples taken, and the results of phosphatase tests, methylene blue reduction tests and biological examinations in respect of the two types of plants in operation :

Type of Plant	No. of Inspections	No. of samples taken	Phosphatase test		Methylene Blue test		Biological examination	
			Passed	Failed	Passed	Failed	Negative	Positive
H.T.S.T. ..	61	160	158	2	154	—	5	—
Holder ..	213	387	383	4	359	4	7	—
Total ..	274	547	541	6	513	4	12	—

The six phosphatase test failures which were reported arose from individual samples from different dairies, and were not repeated on re-sampling.

Inadequate cleansing of milk bottles was considered to be the cause of the four samples failing the methylene blue reduction test ; all the samples being taken from one dairy. This lack of cleanliness of milk bottles has proved to be one of the most difficult aspects of the safeguarding of milk supplies ; it has been necessary to give increased attention during the year to this problem. 249 bottles have been submitted to rinse tests, 79 of which were unsatisfactory according to the standards adopted by the public health laboratory service of the Medical Research Council ; these standards are not statutory and are as follows :—

MEAN BOTTLE COUNT, RECKONED AS PER PINT BOTTLE.

Not more than 600 bacteria	..	satisfactory
Over 600 but less than 2,000	..	fairly satisfactory
Over 2,000	..	unsatisfactory

Investigations into the reasons for inadequate cleansing of milk bottles have shown that these are as follows :—

- (a) the use of old and defective bottle-washing machines with insufficient jets to ensure adequate rinsing of bottles at all stages ;

- (b) the use of detergents at insufficient strength for adequate cleansing, usually due to prolonged use of detergents in bottle washing machines without replacement and "topping up" when necessary. Testing outfits to determine the strength of detergents are available and are normally supplied by manufacturers of proprietary detergents for testing the particular detergent in use. In a specific case of unsatisfactory bottle rinses the producer was operating the washing machine at 125° Fahr. and six colonies per ml. were found in the detergent solution in the machine.
- (c) inadequate time-temperature concentration for the particular bottle-washing plant in operation resulting in bottles being in contact with the cleansing agent less than the necessary minimum time.

The need for the introduction of a regulation regarding overlapping caps for milk bottles, as projected by existing legislation, was emphasised by an experimental examination of cardboard discs ; the sample discs taken direct from the capping machine gave average colony counts ranging from 64 to 999.

SCHOOL MILK SUPPLIES.

In May, 1950, the Health Committee approved measures for the supervision and sampling of school milk supplies and these have been implemented during the year by the county health inspectors. All milk supplies to schools have been sampled at regular intervals and efforts have been made to replace raw milk supplies by supplies of pasteurised milk ; in most cases this has been achieved at the expense of tuberculin tested supplies. It is regretted that there remains in remote areas, a small number of non-designated school milk supplies for which suitable alternative sources of liquid milk cannot be obtained. Non-designated milk supplies are not normally accepted for schools but where this is unavoidable, biological examination of the milk is carried out at intervals of not more than three months.

A comparative statement of the grades of milk supplied to schools December, 1950, 1951 and 1952 is given below and is indicative of the progress made towards safe milk for children at school :—

	31-12-50	31-12-51	31-12-52
No. of schools supplied with :—			
Pasteurised milk ..	208	247	264
Tuberculin tested milk ..	96	83	64
Accredited milk ..	3	1	1
Non-designated milk ..	57	33	38
Dried milk ..	10	7	8
No supply ..	—	3	1

In the course of these supervisory and sampling duties 1,147 visits were made to schools and 1,089 samples of milk were taken, the results of testing and biological examination being as follows :—

Grade	No. taken	Methylene Blue test		Phosphatase test		Biological examination		Remarks
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	
Pasteurised ..	846	762	30	823	14	5	—	45 samples not M.B. tested. 9 samples not tested.
Tuberculin Tested	110	5	3	—	—	104	—	2 samples not examined.
Accredited . . .	3	—	—	—	—	3	—	—
Non- designated	130	2	—	—	—	125	—	5 samples not examined.

NOTE :—Where samples are listed above as not having been tested, this was due to atmospheric shade temperature in excess of 65° Fahr., souring of milk and/or death of guinea pig from intercurrent infection prior to completion of biological examination.

The percentage of samples (taken at schools) of pasteurised milk which failed the phosphatase test was low, being 1·7% as compared with 4·15% for the year 1951.

237 samples of school milk were submitted to biological examination for the presence of tubercle bacilli ; all the reports received gave negative results.

159 samples of school milk were examined for the presence of brucella abortus, and seven of the reports were positive. Alternative sources of supply were arranged for schools supplied from infected sources and District Medical Officers were informed so as to enable action to be taken under part VII of the Milk and Dairies Regulations 1949 requiring pasteurisation of the milk prior to sale for human consumption. The Divisional Veterinary Officer of the Animal Health Division, Ministry of Agriculture and Fisheries was also notified. The county health inspectors obtained samples from individual animals in the herds concerned ; these were submitted to the Ring and whey agglutination tests for preliminary identification of the infected animals and the results of the tests were subsequently confirmed by guinea pig inoculation.

The onset of undulant fever in a school child admitted to hospital, was correlated with the date of isolation of brucella abortus from the milk supplied to the school which the child had attended. Curiously enough the milk supplied to the child's home also proved to contain b. abortus.

An investigation was made with an assistant school medical officer (who is also the local Medical Officer of Health) into the high incidence of cervical adenitis in children attending a particular school, samples of milk were taken from pasteurised school milk supplies and from non-designated milk supplies retailed in the village ; biological examination showed the presence of tubercle bacilli in a sample from a non-designated supply and the Divisional Veterinary Officer of the Ministry of Agriculture was informed. His follow-up examination of the herd revealed the presence of one animal suffering from tuberculosis of the udder and the animal was slaughtered under the Tuberculosis Order, 1938.

In another area staphylococcus aureus was found in a sample of tuberculin tested school milk ; an alternative supply of pasteurised milk was obtained and the herd was examined by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries.

The results of tests on samples of milk taken from Children's Homes and Nurseries were as follows :—

Grade	No. taken	Meth : Blue test		Phosphatase test		Tubercle bacilli		Brucella abortus	
		Passed	Failed	Passed	Failed	Neg.	Pos.	Neg.	Pos.
Pasteurised ..	10	8	—	10	—	—	—	—	—
Tuberculin Tested	10	2	1	—	—	9	—	—	1

FOOD AND DRUGS (MILK, DAIRIES AND ARTIFICIAL CREAM) ACT, 1950.

SEC. 8—MILK BORNE INFECTIOUS DISEASE.

Owing to limitation of the supply of guinea pigs available to the Public Health Laboratory at Northallerton, it was necessary to restrict the number of samples taken from non-designated producer-retailers, so as to maintain regular sampling for biological examination of raw milk supplies to schools ; the numbers and results of samples taken from non-designated supplies, other than school supplies were therefore as follows :—

No. taken	Tubercle bacilli		Brucella abortus		No. of samples not examined
	Negative	Positive	Negative	Positive	
230	216	4	177	2	4 soured. 6 pigs died.

Details of the sources of origin of the samples which showed the presence of tubercle bacilli and brucella abortus were given to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries ; animals responsible for tubercular infection of the milk were removed from the herds for slaughter under the Tuberculosis Order, 1938. In every case the District Medical Officer concerned was notified to enable action to be taken under the Milk and Dairies Regulations 1949 Part VII Regulation 20.

SAMPLING AT HOSPITAL DAIRY FARMS.

Milk produced on Ministry of Health hospital dairy farms was sampled at the request of the Ministry ; 16 samples were taken from Clifton Mental Hospital and Fairfield Sanatorium Farms ; there were no methylene blue reduction test failures nor adverse results from biological examinations.

Food and Drugs Acts.

The sampling and examination comprise articles obtained under the Food and Drugs Acts, 1938–1950, Public Health (Condensed Milk) Regulations, 1923–1943, Public Health (Dried Milk) Regulations, 1923–1943, Public Health (Preservative in Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

I am indebted to the Chief Inspector of Weights and Measures (Mr. William C. Harrison) for the following statistics :—

Samples were taken from a wide range of foods and drugs and the following table indicates the results.

Total number of samples taken	Number Adulterated	Number Inferior	False Description
793	9	25	1

The following table shows the number and type of samples taken during the year which were found to be adulterated or inferior :—

Type of sample	Samples taken	Number adulterated	Number inferior	False description
Milk	376	8	14	—
Beef Sausages ..	39	—	5	—
Butter	22	—	1	—
Ground Almond Substitute	1	—	1	—
Lemon Curd	8	—	1	—
Mixed Herbs	2	1	—	—
Non brewed Condiment ..	2	—	1	—
Non brewed Vinegar ..	1	—	—	1
Pork Sausages ..	18	—	2	—

TABLE 1.

Number of Births in each District during 1952.

DISTRICT.	Estimated mid-year home population 1952.	Total live births.	Illegiti- mate live. births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston	33,350	729	29	21.9	373	11.2
2. Guisborough ..	8,628	134	3	15.5	43	5.0
3. Loftus	7,543	145	6	19.2	67	8.9
4. Malton	4,113	56	2	13.6	6	1.5
5. Northallerton ..	5,809	98	5	16.9	22	3.8
6. Pickering	4,270	66	4	15.5	24	5.6
7. Redcar	27,350	461	16	16.9	128	4.7
8. Richmond	6,548	105	13	16.0	45	6.9
9. Saltburn and Marske	8,498	155	2	18.2	54	6.4
10. Scalby	6,171	72	2	11.7	—15	..
11. Scarborough ..	41,740	470	30	11.3	—184	..
12. Skelton and Brotton	12,860	199	10	15.5	47	3.7
13. Thornaby-on-Tees	23,630	445	16	18.8	217	9.2
14. Whitby	11,390	193	10	16.9	12	1.1
Total Urban ..	201,900	3,328	148	16.5	839	4.2
B.—RURAL.						
1. Aysgarth	3,492	61	2	17.5	9	2.6
2. Bedale	8,068	114	3	14.1	29	3.6
3. Croft	2,592	47	1	18.1	29	11.2
4. Easingwold	12,200	169	10	13.9	38	3.1
5. Flaxton	19,640	286	16	14.6	111	5.7
6. Helmsley	5,462	64	3	11.7	5	.9
7. Kirbymoorside ..	4,873	70	3	14.4	8	1.6
8. Leyburn	6,430	108	4	16.8	40	6.2
9. Malton	5,610	86	5	15.3	6	1.1
10. Masham	1,657	20	..	12.1	7	4.2
11. Northallerton ..	8,402	145	5	17.3	55	6.5
12. Pickering	5,087	66	7	13.0	—4	..
13. Reeth	2,001	24	1	12.0	—3	..
14. Richmond	30,190	435	6	14.4	316	10.5
15. Scarborough ..	9,157	163	8	17.8	58	6.3
16. Startforth	4,302	70	2	16.3	18	4.2
17. Stokesley	17,370	262	8	15.1	64	3.7
18. Thirsk	14,470	195	10	13.5	59	4.1
19. Wath	3,307	50	3	15.1	30	9.1
20. Whitby	11,790	190	9	16.1	4	.3
Total Rural ..	176,100	2,625	106	14.9	879	5.0
Administrative County ..	378,000	5,953	254	15.7	1,718	4.5

TABLE No. 2.

Number of Deaths in each District during 1952.

DISTRICT.	Estimated mid year home population, 1952	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston ..	33,350	356	10.7	18	24.7	1	34.5
2. Guisborough ..	8,628	91	10.5	1	7.5	..	..
3. Loftus ..	7,543	78	10.3	5	34.5	..	..
4. Malton ..	4,113	50	12.2	3	53.6	1	500.0
5. Northallerton ..	5,809	76	13.1	3	30.6	..	..
6. Pickering ..	4,270	42	9.8	1	15.2	..	..
7. Redcar ..	27,350	333	12.2	10	21.7	..	..
8. Richmond ..	6,548	60	9.2	4	38.1	1	76.9
9. Saltburn and Marske ..	8,498	101	11.9	2	12.9	1	500.0
10. Scalby ..	6,171	87	14.1	..	..	..	..
11. Scarborough ..	41,740	654	15.7	12	25.5	..	..
12. Skelton and Brotton ..	12,860	152	11.8	8	40.2	..	..
13. Thornaby-on Tees ..	23,630	228	9.6	12	27.0	..	..
14. Whitby ..	11,390	181	15.9	2	10.4	..	..
Total Urban ..	201,900	2,489	12.3	81	24.3	4	27.0
B.—RURAL.							
1. Aysgarth ..	3,492	52	14.9	1	16.4	..	..
2. Bedale ..	8,068	85	10.5	1	8.8	..	..
3. Croft ..	2,592	18	6.9	..	..	..	..
4. Easingwold ..	12,200	131	10.7	6	35.5	1	100.0
5. Flaxton ..	19,640	175	8.9	8	28.0	..	..
6. Helmsley ..	5,462	59	10.8	..	..	..	..
7. Kirbymoorside ..	4,873	62	12.7	3	42.9	..	..
8. Leyburn ..	6,430	68	10.6	3	27.8	..	..
9. Malton ..	5,610	80	14.3	5	58.1	..	..
10. Masham ..	1,657	13	7.8	..	..	..	..
11. Northallerton ..	8,402	90	10.7	7	48.3	..	..
12. Pickering ..	5,087	70	13.8	1	15.2	..	..
13. Reeth ..	2,001	27	13.5	2	83.3	..	..
14. Richmond ..	30,190	119	3.9	13	29.9	..	..
15. Scarborough ..	9,157	105	11.5	6	36.8	..	..
16. Startforth ..	4,302	52	12.1	1	14.3	..	..
17. Stokesley ..	17,370	198	11.4	4	15.3	..	..
18. Thirsk ..	14,470	136	9.4	11	56.4	..	..
19. Wath ..	3,307	20	6.0	1	20.0	..	..
20. Whitby ..	11,790	186	15.8	6	31.6	..	..
Total Rural ..	176,100	1,746	9.9	79	30.1	1	9.4
Administrative County ..	378,000	4,235	11.2	160	26.9	5	19.7

TABLE 3.

Deaths according to Age-Groups, 1952.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
CAUSES	M	1261	43	7	11	16	67	348	347	422	896	42	7	6	33	35	192	227	354		
	F	1228	38	8	4	5	50	240	351	532	850	37	9	5	5	41	163	223	367		
Tuberculosis,	M	21	..	..	..	1	5	12	2	1	15	..	..	..	..	4	11	..	..
Respiratory	F	16	..	..	1	1	7	5	2	..	8	..	..	..	..	5	2	1	..		
Tuberculosis, other	M	1	..	..	1	..	..	..	..	..	5	..	2	..	1	..	..	2	..		
	F	1	..	..	..	..	1	..	..	..	2	..	..	..	..	1	..	1	..		
Syphilitic disease	M	3	..	..	..	..	..	..	2	1	2	..	..	..	..	..	1	..	1		
	F	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
Diphtheria ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Meningococcal	M	2	1	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
Infections	F	..	..	..	..	..	..	..	..	..	2	..	1	..	..	1	..	..	..
Acute poliomyelitis	M	2	..	..	..	1	1	..	..	..	2	..	..	..	2	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other infective and	M	3	..	..	2	..	..	1	..	..	1	..	..	..	..	..	..	1	..		
Parasitic diseases	F	3	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	1		
Malignant neoplasm,	M	36	..	..	..	..	1	17	9	9	29	..	..	..	..	..	7	13	9		
Stomach	F	30	..	..	..	..	3	8	9	10	20	..	..	..	..	..	6	9	5		
Malignant neoplasm,	M	55	..	..	..	..	1	35	16	3	11	..	..	..	..	..	7	2	2		
Lung, bronchus	F	8	..	..	..	..	..	3	5	..	4	..	..	..	..	..	4	..	..
Malignant neoplasm,	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Breast	F	33	..	..	..	..	3	18	10	2	34	..	..	..	..	6	12	12	4		
Malignant neoplasm,																					
Uterus	F	24	..	..	..	..	4	11	4	5	17	..	..	..	..	1	5	5	6		
Other malignant and	M	127	..	1	..	2	4	34	45	41	69	..	..	..	1	3	21	21	23		
Lymphatic neoplasms	F	114	..	..	..	..	8	40	38	28	74	..	..	..	..	6	26	25	17		
Leukaemia,	M	1	..	..	1	..	..	..	..	..	5	..	..	1	1	2	..	1	..		
Leukaemia ..	F	3	..	..	..	..	1	2	..	..	6	..	3	..	..	1	..	2	..		
Diabetes ..	M	8	..	..	..	1	2	2	1	2	5	..	..	..	..	1	..	2	2		
	F	13	..	..	..	..	..	3	3	7	3	..	..	..	..	..	..	1	2		
Vascular lesions of	M	153	..	..	..	..	3	30	44	76	96	..	..	..	..	2	18	23	53		
Nervous system	F	200	..	..	..	..	1	31	67	101	168	..	..	..	..	4	36	41	87		
Coronary disease,	M	218	..	..	..	..	12	78	74	54	163	..	..	..	..	3	54	57	49		
Angina	F	129	..	..	..	..	1	25	51	52	88	..	..	..	..	..	18	34	36		
Hypertension with	M	27	..	..	..	..	..	9	8	10	11	..	..	..	..	..	3	4	4		
Heart disease	F	29	..	..	..	..	..	9	6	14	14	..	..	..	..	..	2	3	9		
Other heart disease	M	230	..	..	1	..	5	39	60	125	172	..	..	..	1	1	12	42	116		
	F	337	..	..	..	..	1	27	80	229	179	..	..	..	1	1	10	46	121		
Other circulatory	M	54	..	..	..	..	2	9	22	21	48	..	..	..	..	..	8	18	22		
Disease	F	40	..	..	..	..	..	5	15	20	35	..	..	..	1	1	5	11	17		
Influenza ..	M	2	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	F	1	..	..	..	..	..	..	1	..	2	..	..	..	..	..	1	..	1		
Pneumonia	M	34	8	..	..	1	1	9	10	5	26	7	1	1	..	1	5	3	8		
	F	34	6	1	..	1	1	5	7	13	18	5	..	..	..	..	2	6	5		
Bronchitis ..	M	58	..	..	..	..	2	20	15	21	29	1	1	..	..	..	4	9	14		
	F	25	2	..	..	1	..	5	4	13	12	..	1	..	..	..	1	2	8		
Other diseases of	M	8	..	..	..	..	1	4	2	1	6	1	1	..	..	..	2	..	2		
Respiratory system	F	6	..	2	..	..	2	..	2	..	2	..	1	..	..	..	1	..	..
Ulcer of stomach	M	16	..	..	..	1	..	9	5	1	7	..	..	..	..	1	2	3	1		
And duodenum	F	6	..	..	..	..	..	2	3	1	1	..	..	..	..	..	..	1	..		
Gastritis, enteritis	M	2	1	..	..	..	1	..	..	..	4	..	..	..	2	..	..	2	..		
And diarrhoea	F	9	3	..	1	..	1	1	2	1	4	1	..	..	..	1	..	1	1		

Table 3—continued.

[illegible]

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1952.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis non-pulmonary.		Other circulatory disease.		Vascular lesions of nervous system.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
A.—URBAN.														
Don	59	1.77	105	3.15	30	.90	7	.21	..	..	23	.69	49	1.47
Isborough ..	18	2.09	28	3.25	9	1.04	1	.12	..	..	2	.23	18	2.09
itus	11	1.46	23	3.05	9	1.19	..	..	..	..	2	.27	20	2.65
lton	9	2.19	21	5.11	2	.49	..	..	..	..	2	.49	6	1.46
rthallerton ..	13	2.24	26	4.48	1	.17	1	.17	..	..	6	1.03	12	2.07
kering	6	1.41	14	3.28	2	.47	1	.23	..	..	3	.70	7	1.64
lcar	68	2.49	132	4.83	16	.59	4	.15	..	..	16	.59	46	1.68
hmond	8	1.22	16	2.44	6	.92	2	.31	..	..	2	.31	12	1.83
tburn and Marske ..	11	1.29	49	5.77	6	.71	4	.47	..	..	4	.47	15	1.77
ulby	18	2.92	37	6.00	6	.97	2	.32	..	..	2	.32	5	.81
urborough ..	104	2.49	320	7.67	33	.79	6	.14	1	.02	16	.38	81	1.94
elton & Brotton ..	20	1.56	57	4.43	10	.78	1	.08	..	..	8	.62	22	1.71
ornaby-on-Tees ..	51	2.16	71	3.00	26	1.10	6	.25	1	.04	6	.25	20	.85
aitby	35	3.07	71	6.23	9	.79	2	.18	..	..	2	.18	40	3.51
Total Urban ..	431	2.13	970	4.80	165	.82	37	.18	2	.000	94	.47	353	1.75
B.—RURAL.														
sgarth	5	1.43	16	4.58	2	.57	1	.29	..	..	4	1.15	15	4.30
dale	16	1.98	22	2.73	3	.37	1	.12	..	..	8	.99	15	1.86
oft	4	1.54	4	1.54	..	..	1	.39	..	..	1	.39	5	1.93
singwold	13	1.07	47	3.85	9	.74	..	..	..	..	6	.49	16	1.31
axton	32	1.63	58	2.95	10	.51	3	.15	..	..	9	.46	25	1.27
lmsley	8	1.46	20	3.66	5	.92	1	.18	1	.18	1	.18	14	2.56
rbymoorside ..	5	1.03	27	5.54	..	..	..	..	..	..	6	1.23	9	1.85
yburn	12	1.87	22	3.42	6	.93	..	..	1	.16	4	.62	9	1.40
alton	16	2.85	26	4.63	3	.53	..	..	..	..	3	.53	11	1.96
asham	3	1.81	5	3.02	..	..	1	.60	..	..	1	.60	1	.60
rthallerton ..	16	1.90	35	4.17	5	.60	1	.12	..	..	4	.48	14	1.67
kering	12	2.36	24	4.72	4	.79	1	.20	..	..	6	1.18	8	1.57
eth	6	3.00	8	4.00	2	1.00	..	..	..	..	..	..	5	2.50
hmond	17	.56	39	1.29	4	.13	2	.07	3	.10	2	.07	14	.46
arborough ..	14	1.53	40	4.37	4	.44	2	.22	..	..	5	.55	13	1.42
urtforth	8	1.86	27	6.28	3	.70	..	..	..	..	..	..	7	1.63
okesley	38	2.19	68	3.91	11	.63	5	.29	1	.06	9	.52	32	1.84
irsk	16	1.11	62	4.28	8	.55	1	.07	1	.07	5	.35	12	.83
th	2	.60	4	1.21	2	.60	1	.30	..	..	2	.60	4	1.21
aitby	26	2.21	73	6.19	12	1.02	2	.17	..	..	7	.59	35	2.97
Total Rural ..	269	1.53	627	3.56	93	.53	23	.13	7	.04	83	.47	264	1.50
Administrative County ..	700	1.85	1597	4.22	258	.68	60	.16	9	.02	177	.47	617	1.63



TABLE 5.

Number of Deaths from certain Diseases in each District during 1952.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN																
1. Eston ..	47	7	671.4	.21	4	..	..	..	51	7	728.6	.21	..	..	20	.60
2. Guisborough ..	1	1	100.0	.12	..	..	..	..	1	1	100.0	.12	..	..	7	.81
3. Loftus ..	2	..	..	..	1	..	..	..	3	..	..	..	..	..	4	.53
4. Malton ..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	.24
5. Northallerton ..	..	1	..	.17	1	..	..	..	1	1	100.0	.17	1	.17	1	.17
6. Pickering ..	..	1	..	.23	..	..	..	..	..	1	..	.23	..	..	1	.23
7. Redcar ..	28	4	700.0	.15	7	..	..	..	35	4	875.0	.15	1	.04	8	.29
8. Richmond ..	5	2	250.0	.31	..	..	..	..	5	2	250.0	.31	..	..	3	.46
9. Saltburn and Marske ..	7	4	175.0	.47	..	..	..	..	7	4	175.0	.47	1	.12	2	.24
10. Scalby ..	1	2	50.0	.32	..	..	..	..	1	2	50.0	.32	..	..	4	.65
11. Scarborough ..	13	6	216.7	.14	..	1	..	.02	13	7	185.7	.17	..	..	23	.55
12. Skelton and Brotton ..	..	1	..	.08	1	..	..	..	1	1	100.0	.08	..	..	7	.54
13. Thornaby-on-Tees ..	6	6	100.0	.25	2	1	200.0	.04	8	7	114.3	.30	..	..	12	.51
14. Whitby ..	5	2	250.0	.18	1	..	..	..	6	2	300.0	.18	..	..	4	.35
Total Urban ..	116	37	313.5	.18	17	2	850.0	.000	133	39	341.0	.19	3	.01	97	.48
B. RURAL.																
1. Aysgarth ..	2	1	200.0	.29	..	..	..	..	2	1	200.0	.29	..	..	2	.57
2. Bedale ..	..	1	..	.12	1	..	..	..	1	1	100.0	.12	..	..	3	.37
3. Croft ..	..	1	..	.39	..	..	..	..	..	1	..	.39	..	..	..	..
4. Easingwold ..	3	..	..	..	2	..	..	..	5	..	..	..	..	..	2	.16
5. Flaxton ..	15	3	500.0	.15	3	..	..	..	18	3	600.0	.15	1	.05	5	.25
6. Helmsley ..	..	1	..	.18	1	1	100.0	.18	1	2	50.0	.37	..	..	4	.73
7. Kirbymoorside ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Leyburn ..	4	..	..	..	..	1	..	.16	4	1	400.0	.16	..	..	3	.47
9. Malton ..	1	..	..	..	1	..	..	..	2	..	..	..	..	..	2	.36
10. Masham ..	..	1	..	.60	..	..	..	..	..	1	..	.60	..	..	..	..
11. Northallerton ..	1	1	100.0	.12	1	..	..	..	2	1	200.0	.12	..	..	3	.36
12. Pickering ..	2	1	200.0	.20	..	..	..	..	2	1	200.0	.20	..	..	2	.39
13. Reeth ..	1	..	..	..	2	..	..	..	3	..	..	..	..	..	1	.50
14. Richmond ..	14	2	700.0	.07	1	3	33.3	.10	15	5	300.0	.17	..	..	2	.07
15. Scarborough ..	1	2	50.0	.22	..	..	..	..	1	2	50.0	.22	..	..	2	.22
16. Startforth ..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	1	.23
17. Stokesley ..	17	5	340.0	.29	3	1	300.0	.06	20	6	333.3	.35	1	.06	6	.35
18. Thirsk ..	7	1	700.0	.07	2	1	200.0	.07	9	2	450.0	.14	..	..	1	.07
19. Wath ..	..	1	..	.30	..	..	..	..	..	1	..	.30	..	..	2	.60
20. Whitby ..	2	2	100.0	.17	2	..	..	..	4	2	200.0	.17	..	..	8	.68
Total Rural ..	72	23	313.0	.13	19	7	271.4	.04	91	30	303.3	.17	2	.01	49	.28
Administrative County ..	188	60	313.3	.16	36	9	400.0	.02	224	69	324.6	.18	5	.01	146	.39

TABLE 6.

Number of Deaths from certain Diseases in each District during 1952.

DISTRICT.	Pregnancy, childbirth, abortion.		Congenital malformations,	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN				
1. Eston	1	1.37	2	2.74
2. Guisborough
3. Loftus	1	6.90	1	6.90
4. Malton	1	17.86
5. Northallerton
6. Pickering
7. Redcar	2	4.34
8. Richmond	1	9.52
9. Saltburn and Marske
10. Scalby
11. Scarborough	1	2.13
12. Skelton and Brotton	1	5.03
13. Thornaby-on-Tees	1	2.25	1	2.25
14. Whitby
Total Urban	3	.90	10	3.00
B.—RURAL.				
1. Aysgarth
2. Bedale
3. Croft
4. Easingwold
5. Flaxton	1	3.50
6. Helmsley
7. Kirbymoorside
8. Leyburn	2	18.52
9. Malton
10. Masham
11. Northallerton	2	13.79
12. Pickering
13. Reeth
14. Richmond	2	4.60
15. Scarborough	1	5.13
16. Startforth
17. Stokesley	1	3.82	1	3.82
18. Thirsk	1	5.13
19. Wath	1	20.00
20. Whitby	2	10.53
Total Rural	1	.38	13	4.95
Administrative County	4	.67	23	3.86

TABLE 7.

Notification of Infectious Disease in 1952, as given in the weekly returns rendered
by Medical Officers of Health.

DISTRICT.		Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Pneumonia.	Cholera.	Plague.	Meningococcal Infection.	Acute poliomyelitis.		Acute encephalitis.		Undulant fever.	Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping cough.	Anthrax.
										Paralytic	Non-paralytic	Infective	Post-infective											
A.—URBAN																								
1. Eston ..	..	120	..	..	..	12	..	..	2	..	..	..	..	..	..	2	..	4	..	..	..	160	63	..
2. Guisborough ..	..	31	..	..	..	4	..	..	..	1	..	..	..	..	..	7	..	..	..	..	..	79	4	..
3. Loftus ..	..	4	..	..	..	2	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	83	14	..
4. Malton ..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	6	..
5. Northallerton ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..
6. Pickering ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	13	..
7. Redcar ..	..	72	..	..	..	29	..	..	..	3	..	..	..	..	2	3	1	2	..	..	..	619	102	..
8. Richmond ..	..	3	..	..	..	2	..	..	..	3	..	..	..	..	..	..	..	1	..	1	9	33	27	..
9. Saltburn & Marske ..	..	7	..	..	..	3	..	..	..	1	1	..	..	..	..	..	..	..	..	1	..	209	35	..
10. Scalby ..	..	16	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	90	4	..
11. Scarborough ..	..	50	..	..	..	11	..	..	..	1	1	1	..	..	14	..	..	2	..	..	..	507	85	..
12. Skelton & Brotton ..	..	15	..	..	..	8	..	..	..	1	..	..	..	..	1	9	..	1	..	..	..	102	51	..
13. Thornaby-on-Tees ..	..	23	..	..	..	28	..	..	2	4	..	..	..	..	1	2	1	7	..	..	..	340	31	..
14. Whitby ..	..	18	..	21	11	..	..	..	..	1	..	..	1	..	9	..	..	3	..	..	..	116	43	..
Total Urban	..	362	..	21	110	..	..	..	5	17	2	1	1	..	27	23	2	21	..	2	9	2349	478	..
1951	..	245	1	2	136	..	..	..	5	6	7	2	..	..	3	7	2	26	..	1	27	2511	842	..
B.—RURAL.																								
1. Aysgarth ..	..	6	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	..	..
2. Bedale ..	..	10	..	..	..	12	..	..	..	..	1	..	..	..	6	..	..	2	..	..	..	10	47	..
3. Croft ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	..
4. Easingwold ..	..	2	..	..	..	5	..	..	1	4	1	..	..	..	..	..	..	5	..	34	60	12	..	..
5. Flaxton ..	..	30	..	..	..	5	..	..	..	3	5	..	..	..	..	..	..	1	..	..	..	362	124	..
6. Helmsley ..	..	5	..	..	..	3	..	..	..	..	1	..	..	1	1	..	..	2	..	..	..	37	7	..
7. Kirbymoorside ..	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	39	3	..
8. Leyburn ..	..	19	..	..	..	5	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	11	7	..
9. Malton ..	..	10	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	13	3	..
10. Masham ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	55	12	..
11. Northallerton ..	..	4	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	47	..
12. Pickering ..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	14	32	..
13. Reeth ..	..	2	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	4	12	..
14. Richmond ..	..	22	..	..	..	5	..	..	1	1	..	..	..	..	..	7	2	..	..	1	83	217	42	..
15. Scarborough ..	..	21	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	184	22	..
16. Startforth ..	..	2	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	12	7	..
17. Stokesley ..	..	33	..	..	..	15	..	..	1	..	..	..	..	..	1	..	..	4	..	..	32	81	54	..
18. Thirsk ..	..	5	7	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	15	1	..
19. Wath ..	..	2	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	34	16	..
20. Whitby ..	..	3	..	4	2	..	..	..	1	1	..	1	..	..	7	1	..	1	..	..	..	83	10	..
Total Rural	..	180	7	4	71	..	..	..	4	16	9	1	..	..	121	8	2	20	..	2	150	1280	468	..
1951	..	173	4	3	130	..	..	..	6	10	3	1	..	..	93	49	1	16	..	2	160	1822	823	..
Administrative County	..	542	7	25	181	..	..	..	9	33	11	2	1	..	148	31	4	41	..	4	159	3629	946	..
1951	..	418	5	5	266	..	..	..	11	16	10	3	..	..	96	56	3	42	..	3	187	4333	1665	..

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1952.

DISTRICT.	Diph- theria.		Measles.		Whooping cough.		Pneu- monia	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths	Death-rate per 1,000 population.
A.—URBAN.								
1. Eston	10	·30
2. Guisborough	2	·23
3. Loftus	5	·66
4. Malton	1	·24
5. Northallerton
6. Pickering	1	·23
7. Redcar	8	·29
8. Richmond	3	·46
9. Saltburn and Marske	4	·47
10. Scalby	2	·32
11. Scarborough	10	·24
12. Skelton and Brotton	3	·23
13. Thornaby-on-Tees	14	·59
14. Whitby	5	·44
Total Urban	68	·34
B.—RURAL.								
1. Aysgarth
2. Bedale
3. Croft
4. Easingwold	7	·57
5. Flaxton	5	·25
6. Helmsley	1	·18
7. Kirbymoorside
8. Leyburn	3	·47
9. Malton	1	·18
10. Masham
11. Northallerton	2	·24
12. Pickering	2	·39
13. Reeth	1	·50
14. Richmond	2	·07
15. Scarborough	2	·22
16. Startforth	2	·46
17. Stokesley	5	·29
18. Thirsk	1	·07	7	·48
19. Wath
20. Whitby	4	·34
Total Rural	1	·01	44	·25
Administrative County	1	·003	112	·30

TABLE 9.—DEATHS, with their causes, in each District during 1952.

[illegible]

